

FEEDBACK FORM



Title:____ **First Name:**_____ **Last Name:** _____

Number and street:_____

Suburb:_____

Your enquiry, comments or views:_____

Would you like to receive project information updates? **Yes** **No**
Would you prefer post or email? **Post** **Email**

Email address: _____

NB: This enquiry/ feedback form will be included in a Community Consultation Report to Bundaberg Regional Council.

If you DO NOT want your name and address disclosed, please place a tick in this box

Thank you for taking the time to complete this form. If you have contacted us with a query, a Bundaberg Sugar representative will contact you with a response on the contact details provided by you within the next 2 working days.

CONTACT US

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