



BOROUGH OF MARCUS HOOK

COMPLIMENT REPORTING FORM

If you would like to share a compliment or recognize an individual or department of Marcus Hook Borough, please complete and submit this form my Email, Fax or mail to the address below. A copy of the form will be referred to the appropriate department and/or staff member(s) and kept on the employee's personnel file.

DETAILS OF COMPLIMENT

Date and Time (if relevant): _____

Who/What is the subject of your compliment: _____

SUMMARY OF COMPLIMENT (Please be specific)

REPORTING PARTY INFORMATION

Party Name: _____

Phone Number: _____ Email: _____

Address: _____

Signature _____ Date _____

PLEASE RETURN COMPLETED FORM TO

BOROUGH OF MARCUS HOOK

1111 MARKET STREET

MARCUS HOOK, PA 19061

F. 610-485-9767

OFFICE@MARCUSHOOKBORO.ORG