

**Kerr Lake Regional Water System**  
Customer Comment/ Complaint Form

Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Best time to contact customer: \_\_\_\_\_

Comment/Complaint:

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If you have a complaint or problem, choose the item from the following list that best describes your problem:

Odor \_\_\_\_\_ Discolored \_\_\_\_\_ Bad Test \_\_\_\_\_  
Particles \_\_\_\_\_ Low Pressure \_\_\_\_\_ Other \_\_\_\_\_

Explain items selected:

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Mail this form to the KLRWS at P.O. Box 1434, Henderson, NC 27536  
Or, you may fax it to 252-438-7866