Event Summary and Feedback Form

Thank you for participating in the Street Meet and Greet program.

To evaluate the success of the Street Meet and Greet program, and to ensure the City maintains high standards in the provision of its services, please complete the Event Summary and Feedback Form. The information you provide will be kept confidential and will be used to improve the City's service delivery to our community.

Please submit this form along with your receipts and photos within **10 business days** to receive reimbursement.

| Host first Name: | |
|--------------------|--|
| | |
| Host surname: | |
| | |
| Host address: | |
| | |
| Host phone number: | |
| - | |
| Event date: | |
| | |
| Event time | |
| | |

BUDGET (please include all relevant receipts and proof of payment)

| ITEM | COST |
|------|------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |



| [Tick box] □ Very easy | | |
|---|--|----------------|
| | | |
| I I - 26V | | |
| □ Easy □ Neutral | | |
| ☐ Difficult | | |
| ☐ Very difficult | | |
| • | | |
| Any additional information: | | |
| How many residents attended y | our event: | |
| [Tick box] □ 0 - 10 | | |
| □ 10 - 10 □ 10 - 20 | | |
| □ 10 - 20 □ 20 - 30 | | |
| □ 30 + | | |
| | | |
| What measures have you put in | place to stay in contact with your neigh | nbours: |
| Do you have any other feedback feedback process: | k regarding the Street Meet and Greet a | pplication and |
| Payment details (for electronic fu | inds transfer) | |
| Account name: | | |
| BSB number: | Account number: | |
| | 1 | |

and Feedback Form (this form) to:

Email: In person: City of Gosnells info@gosnells.wa.gov.au

Civic Centre

Mail: **Attention: Safe City** 2120 Albany Highway Gosnells WA 6110

City of Gosnells Safe City

8.30am to 5pm Monday to Friday

PO Box 662, Gosnells WA 6990