Feedback/Contact Us

To assist Technology Assisting People In Need with processing your request, please write clearly and legibly. When you have finished this form, please sign, date, and return this form to:

Technology Assisting People In Need
P.O. Box 12916
Cincinnati, Ohio 45242

Last Name:_____ First Name:_____

Gender (circle one): Male Female Phone # (include area code):_____

Your Street Address:_____

City:_____ County:_____ State:_____

Zip + 4:_____ E-Mail Address:_____

How did you find TAPIN?:_____

_____

Would you like someone from TAPIN to contact you regarding your feedback?:_____

Please explain any questions, comments, concerns, about our website, services, or other issues in the space provided (if you need more space, please continue by writing on the back of this form):

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Signature:_____ Date:_____