



**CUSTOMER COMMENT ON  
LAKE LANIER  
LIGHTED MARKER PROGRAM**

Name (optional): \_\_\_\_\_

Address (optional): \_\_\_\_\_

Phone (optional): \_\_\_\_\_

Date and Time lighted buoy were observed:

\_\_\_\_\_ (month/date/year) \_\_\_\_\_ (time)

Please answer the following questions by circling your answer:

- 1) Have the lighted markers assisted you in nighttime boat operation? YES or NO
  
- 2) Were the lighted markers bright enough to aid in night navigation? YES or NO
  
- 3) Did you see any light not working? YES or NO
  - a. If yes, which marker number / location? \_\_\_\_\_
  
- 4) Would you like to see additional markers with lights? YES or NO
  
- 5) Comments. Please feel free to write your comments in the space below. Your input is very important to the overall evaluation of this lighted marker program. Thank you for your time.

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You may mail, fax, or email this completed form.

By Mail: 615F Oak Street, Suite 100; Gainesville, GA 30501

By Fax: 770.503.0439

By Email: [lakeinfo@lakelanier.org](mailto:lakeinfo@lakelanier.org)