

Peninsula Country Market

Request Form

Member and/or vendor request form for an appeal of the rules and/or policies and decisions.

If you feel a current, rule or policy infringes on the operation of your business, or you have an issue with general market operations, please record your name, business name, phone number, and write the decision/ruling as you understand it, with a recommendation as to what changes you feel would solve the problem.

The Manager and the Peninsula Country Market Executive review all submissions. There is no guarantee that your request will be implemented, however the Board respects all the input from its membership to ensure our decisions, policies and procedures are up to date and relevant for future success.

Our goal is to process requests within two weeks.

Date: _____

Name: _____ Phone Number: _____

Business Name or Operation: _____

Type of vendor and what you sell.

Note the concern you have and how it affects your business.

Provide your solution below?
