

File No: 2/8/1/2



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INTERNET CAFÉ SURVEY INFORMATION FORM

Instructions:

1. Please type or write in BLOCK CAPITAL letters with the use of a black or blue inked pen.

A. GENERAL INFORMATION
Name of Internet Café:
Owner's Name:
Address of Internet Café:
Mailing Address (if different from above):
Phone contact (office): (mobile):
Fax contact:
E-mail address:

B. SERVICE INFORMATION

Description of services provided:

Name of the Internet Service Provider subscribed to:

Speed of Internet connection:

Number of computers available for use:

Average number of persons accessing your facilities on a weekly basis:

C. SIGNATURE

Signature:

Date: