



Schedule "B"

ACCESSIBILITY FEEDBACK FORM

This document is available in an alternative format upon request

Thank you for visiting the Town of Espanola. We value all our citizens and customers and strive to meet everyone's needs.

Please tell us about your visit:

Date and Time: _____ Location: _____

Did we meet your customer service needs on this visit?

Yes Somewhat No

Was our customer service provided to you in an accessible manner?

Yes Somewhat No

Did you have any problems accessing our goods and/or services?

Yes Somewhat No

Please add any other comments you may have:

Providing your contact information is optional.

Name: _____

Name of Organization: _____

Mailing Address: _____

Home Phone: _____

Work Phone _____

Email Address: _____

This information is collected by the Corporation of the Town of Espanola under the Freedom of Information and Protection of Privacy Act R.S.O. 1990, c. F. 31, s. 39 (2) for the purposes of improving accessible customer service. Questions about the collection of this information can be addressed to the Clerk Treasurer/Administrator:

David King, Clerk/Treasurer
100 Tudhope Street, Ste 2
Espanola, ON P5E 1S6
P (705) 869-1540 x 2102
F (705) 869-0083
Email: town@espanola.ca

For Office Use Only:

Date Feedback was received:
Date Forwarded:
Responsible Department:
Contact Person(s):
Follow-up actions: