



The Corporation of the Township of Nairn and Hyman

Schedule "2"

ACCESSIBILITY FEEDBACK FORM

Thank you for visiting the Township of Nairn and Hyman. 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:

Schedule "2" Continued

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 Township of Naim and Hyman 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/ CAO:

Robert Deschene,
64 McIntyre Street
Naim Centre, Ontario
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Email: naimcentre@personainternet.com

For Office Use Only:

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