

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 co	ustomer service needs on	this visit?	
□ Yes	☐ Somewhat	□ No	
Was our customer s	service provided to you in a	an accessible manner?	
☐ Yes	☐ Somewhat	□ No	
Didi you have any p	roblems accessing our go	oods and/or services?	
□ Yes	☐ Somewhat	□ No	
Please add any othe	er comments you may hav	/e:	

Schedule "2" Continued

Providing your contact information	n 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 Nairn 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:			
Township of Nairn and Hyman 64 McIntyre Street Nairn Centre, Ontario P0M 2L0			
Phone: (705) 869-4232 Fax: (705) 869-5248 Email: nairncentre@personainternet.com			
For Office Use Only:			
Date Feedback was received:			
Date Forwarded:			
Responsible Department:			
Contact Person(s):			
Follow-up Actions:			