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**Accessible Customer Service Feedback Comment Form**

The Township of Springwater is working hard to ensure our facilities and services meet your needs and expectations through the *Accessibility for Ontarians with Disabilities Act*.

Date and time of your visit: \_\_\_\_\_

Location of your visit: \_\_\_\_\_

Did we respond to your customer service needs today?

Yes                       Somewhat                       No

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

Yes                       Somewhat                       No

Please explain: \_\_\_\_\_

\_\_\_\_\_

Did you have any problem accessing our services?

Yes                       Somewhat                       No

Please explain: \_\_\_\_\_

\_\_\_\_\_

Please provide any additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like to be contacted in response to this form?

Yes

No

If yes, please provide your name and contact information:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

We value your feedback!

**Forms may be submitted in the following ways:**

**Email:**

accessibility@springwater.ca

**Fax:**

705-728-6957

**Mail:**

2231 Nursery Road  
Minesing ON L0L 1Y2

**You may also visit our website at [www.springwater.ca/accessibility](http://www.springwater.ca/accessibility) and complete an online form.**

**Notice of Collection:** All information is collected in accordance with the *Municipal Act*, 2001, s. 8 and may be used for the purpose of collecting feedback. All information submitted to the municipality is subject to the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA). Questions about this notice of collection should be directed to the Clerk's Office 705-728-4784 Ext. 2026.