Township of Springwater
Accessible Customer Service Feedback Comment Sheet

Name:	
Address:	
Telephone Number:	
Email:	

Date of Service:				
Township Department(s): (Please Circle)	Administration	Public Works	Parks & Recreation	Fire & Emergency Services
	Treasury	Building	Human Resources	Planning

Comments (If you require more space, please include on an additional page):

For Office Use Only	
Date Received:	
Department:	
Employee:	
Action(s) Taken:	
Comments from SAAC:	
Follow Up Required:	