



Accessibility Feedback Form

Personal Information (Please print.)

Name: _____

Address: _____

Home phone number: _____

Cell phone number: _____

Email address: _____

What is the nature of your feedback? (Check all that apply.)

- Facilities (parking lots, internal/external physical barriers)
- Recreation Programs
- Town Services (licensing, enforcement, snow removal, sidewalks, roads)
- Communications (website, publications, signage, TTY phones)
- Transit
- Parks and Open Space (trails, parks)
- Customer Service (cashier, front-line staff)
- Municipal Election (polling stations, voting machines)
- Other: _____

Description of Feedback:

Date: _____

Signature: _____

Thank you for submitting this feedback. This form will be forwarded to the Coordinator, Accessibility for follow up.

Personal information, on this form, is being collected under the authority of section 11 of the Integrated Accessibility Standards, Ontario Regulation 191/11 under the Accessibility for Ontarians with Disabilities Act, 2005, and will be used to address and resolve issues related to the accessibility of the Town's goods, services, programs, and facilities, and may be used to contact you regarding National Access Awareness Week activities. Questions about this collection should be directed to the Coordinator, Accessibility, Town of Milton, 150 Mary St. Milton, ON. L9T 6Z5, 905-878-7252, ext. 2534.

