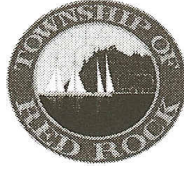


Schedule A



Township of Red Rock Accessible Services for Persons with Disabilities Feedback Form

Thank you for taking the time to share your feedback with the Township of Red Rock. Your comments are important because we want to make your experience with the Township of Red Rock the best it can be.

Please submit this form or mail it to the Township of Red Rock Municipal Office.

Township of Red Rock location visited:

Date of visit: _____ Time of visit: _____

What services were you looking for?

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

Yes_ Somewhat_ No_

Comments: _____

What could the Township of Red Rock do to make it easier for you to access our goods and services? _____

Would you like to be contacted? No __ Yes __ (Please provide your contact information.)

Name:

Address:

Phone:

Email:

The Township of Red Rock is collecting the personal information you provide on this form so we can respond to your feedback.

Mail this form to: Municipal Office, Township of Red Rock, Box 447, Red Rock, Ontario POT 2PO