APPENDIX "B"



Accessibility Feedback Form

The Town of Wasaga Beach strives to ensure that our facilities and services meet your needs and expectations. We value our customers and your feedback. By answering the questions below, you will help us identify opportunities for improvements to meet your needs.

Date, time and location of your	visit:

What is your situation? (Check the appropriate box)

- □ I have a disability.
- □ I am submitting this feedback on behalf of a person with a disability. Relation to the person with the disability (optional): ______

What facility or service does the feedback pertain to? (Check all that apply)

- □ Facilities (parking lots, internal/external physical barriers, counters, doorways/handles)
- □ Recreation Programs
- □ Town Services (licensing, enforcement, snow removal, sidewalks, roads)
- □ Communications (website, publications, signage, meetings)
- □ Transit
- □ Parks and Open Space (trails, parks, playground equipment)
- □ Customer Service (cashier, front-line staff, queuing area)
- Other _____

Continued on back.....

I provide my comments(s) as information only and do not wish to receive a response. I wish to receive a response to my comments. Personal Information (Please print.) lame:		
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