



## Accessible Customer Service Feedback Form

Thank you for visiting a Township of Centre Wellington facility. We value our customers and strive to meet the needs of everyone.

Please indicate which Township of Centre Wellington facility you visited:

---

Please tell us the date and time of your visit:

---

Did we respond to your customer service needs in a satisfactory manner?

Yes     No

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

Yes     Somewhat     No (please explain below)

If not, do you have any suggestions on how we might improve our service.

---

---

---

Contact Information:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Please forward to: Municipal Clerk, Legislative Services, c/o Corporate Services  
1 MacDonald Square, Elora Ontario N0B 1S0  
519-846-9691, Ext 243 or Email: [kokane@centrewellington.ca](mailto:kokane@centrewellington.ca)