



# TOWNSHIP OF EAST GARAFRAXA

## Accessible Customer Service Feedback Form (Large print version)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Date \_\_\_\_\_

**Feedback or Suggestions:**

Complete form and return it to Department Head. Forward a copy of the form to the Clerk. Information collected in accordance with the Customer Service Accessibility Policy.

For Office Use only - Outcome or Action Taken