



**ACCESSIBILITY  
CUSTOMER FEEDBACK FORM**

Thank you for visiting the Township of Minden Hills. We value all of our customers and strive to meet everyone's needs.

Please tell us the date and time of your visit: \_\_\_\_\_

Did we respond to your customer service needs today? **YES**  **NO**

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

**YES**  **SOMEWHAT**  (please explain below) **NO**  (please explain below)

Did you have any problems accessing our goods and services?

**YES**  (please explain) **SOMEWHAT**  (please explain) **NO**

Please add any other comments you may have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Information (optional)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Completed forms can be submitted in person, by telephone, in writing, faxed or emailed to the following:

Township of Minden Hills  
7 Milne Street, PO Box 359  
Minden, Ontario  
K0M 2K0

Attention: Municipal Clerk

**Telephone:** 705-286-1260 **Fax:** 705-286-4917 **Email:** [admin@mindenhills.ca](mailto:admin@mindenhills.ca)

**\*Please note:**

There may be privacy implications for organizations collecting personal information. Providers should seek their own legal advice regarding the privacy implications of collecting personal information in this manner.