



## Accessibility Feedback Form

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		<b>DATE:</b>
<b>Name:</b>		
Mailing Address:		
City	Province:	Postal Code:
Preferred method of contact:		Email/Phone number:
<p>1. Can a representative from the Municipal Office contact you to discuss this matter? This matter will be addressed to the Appropriate Department within five working days of the receipt of this information.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Are you a resident of the Municipality of Morris-Turnberry?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are you or a family member a person with a disability?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Which of the following items do you wish to discuss?</p> <p>a. A barrier which has been identified; b. A barrier which needs to be identified; c. Barriers that have been removed by the Municipality of Morris-Turnberry</p> <p><input type="checkbox"/> Accessible Municipal Services <input type="checkbox"/> Accessible Municipal Buildings <input type="checkbox"/> Lack of services/supports <input type="checkbox"/> Lack of information <input type="checkbox"/> Transit <input type="checkbox"/> Roads <input type="checkbox"/> Attitudes/awareness <input type="checkbox"/> Housing <input type="checkbox"/> Parking <input type="checkbox"/> Social Assistance <input type="checkbox"/> Other</p> <p>d. The Municipality of Morris-Turnberry Accessibility Plan; e. Other</p>		

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5. If you are proposing a change, please provide details (including the proposed new or revised wording, or identification of wording to be deleted, if applicable).

6. Reason(s) for Change

Are you a support person for a Person with a disability (circle)

Yes

No

Your contact information: (if applicable)

Name:

This information is collected by the Municipality of Morris-Turnberry under the Freedom of Information and Protection of Privacy At R.S.O. 1990, c.F 31.s 39(2) for the purposes of improving accessibility to its buildings and services. Questions about the collection of this information can be addressed to the Administrator Clerk – Treasurer, Municipality of Morris-Turnberry, PO Box 310, 41342 Morris Road, Brussels, ON N0G 1H0  
Phone number: 519-887-6137 Ext. 21 Fax number; 519-887-6424

\_\_\_\_\_  
Signature

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Follow-up actions:		
Contact Person:	Designation:	Phone/Fax:
Email:		
Signature:	Date Forwarded:	Place: