



# Township of Adjala-Tosorontio

## Customer Feedback Form

\*must be completed

Date: \_\_\_\_\_

### Contact Information

First Name\* \_\_\_\_\_

Last Name\* \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number\* \_\_\_\_\_

### Physical Address

Street Address\* \_\_\_\_\_

City/Town\* \_\_\_\_\_

Province\* \_\_\_\_\_ Postal Code\* \_\_\_\_\_

### Mailing Address (if different)

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

### Feedback

Service Issue\* \_\_\_\_\_

Please provide your feedback regarding your area of interest\*

**Submit**