

Accessibility Feedback Form

The Town of Penetanguishene welcomes your comments, suggestions and feedback regarding accessibility of its programs and services for persons with disabilities. Please complete the following form and it will be submitted to Penetanguishene Clerk's Department. Be sure to provide possible solutions that will assist us in resolving your issues.

Please include your contact information if you would like to receive a response from us.

Describe your accessibility concerns:

Describe any possible solutions:

First Name: _____

Last Name: _____

If you would like to receive a response, please indicate your preferred method of contact:

- Telephone
- Email
- Mail
- Fax

Telephone: _____ Email: _____

Address: _____ City/Town: _____

Province _____ Postal Code: _____

Submit form by email, Phone: 705-549-7453, Fax: 705-549-7443, or mail to:

Clerk's Department
Town of Penetanguishene
10 Robert Street West, P.O. Box 5009
Penetanguishene, ON L9M 2G2

Notice of Collection: The personal information recorded on this form is collected and maintained in accordance with MFIPPA - the Municipal Freedom of Information and Protection of Privacy Act and will be used for the sole purpose of processing your request. Questions about the collection of personal information may be addressed to the Clerk's Department, Town of Penetanguishene, 10 Robert Street West, P.O. Box 5009 Penetanguishene, ON L9M 2G2, 705-549-7453.