



Township of Chapleau
Municipal Feedback Form

CONTACT DETAILS

First Name	Last Name
Municipal Civic Address/Property Location	Phone Number
Mailing Address	
Email Address	

FEEDBACK TYPE

- | | |
|--|---|
| <input type="checkbox"/> Access to Services | <input type="checkbox"/> Programs |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Staff Conduct |
| <input type="checkbox"/> Processes or Procedures | <input type="checkbox"/> Timeliness of Services |
| <input type="checkbox"/> Other | |

SUMMARY OF FEEDBACK

Please outline details of your feedback, comments or suggestions below. Form may be submitted to cao@chapleau.ca or dropped off at the municipal office.

Signature
Date submitted (mm/dd/yyyy)