



**Township of Howick
Accessible Customer Service
Barrier Report**

**Providing Goods and Services to
People with Disabilities**

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

Please tell us the date and time of your visit: _____

Staff member, department or service location you visited: _____

Did we respond to your customer service needs today? (Please circle)

Yes

No

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

Yes

Somewhat

No

(please explain)

Did you have any problem accessing our goods and services?

Yes

Somewhat

No

(please explain)

Please add any other comments you may have:

Contact information (optional): _____