



# TOWNSHIP OF ZORRA

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## Accessibility Standards for Customer Service

# Complaint/Suggestion Form

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

Department Involved: \_\_\_\_\_

Complaint/Suggestion: \_\_\_\_\_

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Information will be collected and sent to the appropriate department. This department will find a suitable solution and contact you in a timely manner.

Thank you for your submission.

**Municipal Freedom of Information and Protection of Privacy Act**  
*Personal Information on this form is collected under the authority of Ontario Regulation 429/07, Accessibility for Customer Service. The information will be used to process this form, and will be kept on file to facilitate improvement to the Municipality's customer service policies, practices and procedures. Questions about this collection should be directed to the Zorra Town Hall.*

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