



Accessibility Feedback

The following information is requested for the purpose of obtaining and responding to your feedback.

* Indicates mandatory fields

* Are you a/an

Tell us about your polling site accessibility issue:

* Voting Location Address:

* Date:

* Time:

Which of the following items did you have a problem with (Check at least one)

Parking

Exterior pathway

Signage

Doors

Hallways

Interior lighting

Other (explain below)

Level-access entrance

Exterior building lighting

Protruding obstacles

Door thresholds

Location of voting room

Voting/Marking a ballot

* Were you able to vote?

Yes

No

Tell us how to contact you

If you would like a response to your feedback, please provide your preferred contact method below. Otherwise, please skip this section.

First Name

Last Name

Email Address

Telephone Number

Street Address

Town

Province

Postal code

Personal information contained on this form is collected pursuant to the Accessibility for Ontarians with Disabilities Act, 2005, and will be used to assist the Town in delivering services to those with disabilities in an effective and timely manner. Questions about collection of information should be directed to the Clerk, Town of Orangeville, 519-941-0440, ext. 2242, clerksdept@orangeville.ca