

**Corporation of the City of St. Thomas**  
**Municipal Accessibility: Customer Service Standards**  
**Feedback Form**

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

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

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

**E-mail Address:** \_\_\_\_\_

**Department Involved in Feedback:** \_\_\_\_\_

**Feedback:**

---

---

---

---

---

---

---

---

---

---

---

---

---

Feedback will be collected and sent to the appropriate department.

A representative of the department will contact you.

Thank you for taking the time to fill out this form.

City of St. Thomas (519) 631-1680 extension 4125