**Lanark County Customer Feedback Form**

Thank you for visiting Lanark County. We value all of our customers and strive to meet everyone’s needs.

Please tell us the date and time of your visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_.

Staff Person or Position:

Location: Department:

Did we respond to your customer service needs today? 🞎 YES

🞎 SOMEWHAT  🞎 NO (please explain below)

Was our customer service provided to you in an accessible manner?
🞎 YES  🞎 SOMEWHAT  🞎 NO (please explain below)

Did you have any problems accessing our goods and services? )   🞎 NO
🞎 YES (please explain below)  🞎 SOMEWHAT (please explain below)

Please add any other suggestions/comments you may have:

🞎 Please check the box if you would like to receive a response to your feedback.

Contact information: