



Accessibility Concern

Personal Information

Name _____

Address _____

Phone # _____ Email _____

Accessibility Concern

Accessibility concern (i.e.: curb ramp, sidewalk, communication, etc)

Location and description of accessibility concern – be specific!

Are there safety concerns with the accessibility issue?

Other comments

Notice of Collection

The personal information on this form is collected pursuant to the *Municipal Act, 2001* and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. This information will be used for the purposes of participation in, and administration of the registered program. Questions regarding this collection should be directed to the Deputy Clerk at 519-284-2340, in writing at 175 Queen St. East Box 998, St. Marys, ON N4X 1B6 or email: privacy@town.stmarys.on.ca

For more information, please contact:

Town of St. Marys
Attention: Deputy Clerk
P.O. Box 998
St. Marys, Ontario N4X 1B6
Fax: 519-284-2881

Email: deputyclerk@town.stmarys.on.ca