Accessible Customer Service Feedback Form

Contact Information: (Optional)

Name: _____

Date: _____

Street Address: _____

Phone Number: _____

Email Address: _____

Comments: _____

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*Please complete and return to the Municipality of Brockton in person or by mail to 100 Scott Street, P.O. Box 68, Walkerton, ON N0G 2V0, or by email to info@brockton.ca or fax to 519-881-2991.

Office Use Only

Response Required: ☐ Yes ☐ No

Department Responsible: _____