2018 Municipal Election Customer Service Feedback Form

Thank you for voting in the City of Kawartha Lakes. As we strive to meet the needs of all electors in our community, we both welcome and value the input of all those who visited our voting location.

Please complete the questions below. You can submit it at the voting location, e-mail it to election@kawarthalakes.ca or mail it to the Clerk's Office, 26 Francis Street, Kawartha Lakes, Ontario K9V 5R8

General Informat	ion					
Voting Location:						
Date (yyyy-mm-d	y-mm-dd): Time:					
Feedback (circle	the preferred	score)				
1. This voting loca there was smoo			•	•	ere was sufficien	t light, and
	Disagree 1	2	3	4	Agree 5	
2. This voting loca home/work.	tion met my ex	pectations a	as a voter. It v	was convenie	ent for me to acce	ss from
	Disagree 1	2	3	4	Agree 5	
3. Election staff me as an elector.	et my expectat	ions as a vo	oter. People w	vere polite an	d friendly and me	t my needs
	Disagree	0	0	4	Agree	
Comments	1	2	3	4	5	
Elector Contact I	nformation (O	ptional)				
Name:						
Address:						
Phone Number:						
Email:						
Resolution Detail	ls (To be com	oleted by E	lection Offic	ials)		
