ACCESSIBILITY FEEDBACK FORM



TARION IS COMMITTED TO ENSURING THAT ITS SERVICES MEET THE STANDARDS OF ACCESSIBILITY FOR PEOPLE WITH DISABILITIES. TO PROVIDE FEEDBACK ON THE ACCESSIBILITY OF OUR SERVICES, PLEASE COMPLETE AND SUBMIT THIS FORM. IF YOU REQUIRE ANOTHER FORMAT OR COMMUNICATION SUPPORTS TO COMPLETE THIS FORM AND/OR PROVIDE YOUR FEEDBACK, PLEASE CONTACT US.

Mail or Delivery:

Tarion
Director, Customer Services
5160 Yonge Street, 12th Floor
Toronto, ON M2N 6L9

Fax: 416-229-3252

E-mail:

patty.lutz@tarion.com

If you are a **Homeowner**, please fill in the following sections.

Home Identification Information								
/	/							
Date of Possession (YYYY/MM/DD)		Vendor/Buil	der Name or	# Enrol	ment#	(Case #	
Address								
Street Number	Street Name					Condo	Suite # (if applicable)	
City/Town		Postal Co	ode					
Contact Information								
First Name				Last Name	•			
()	_			()	-		
Daytime Phone No	umber			Evening Pl	none Number			
()	-							
Fax Number				E-mail Add	ress			

ACCESSIBILITY FEEDBACK FORM

If you are a Vendor/Builder, please fill in the following sections.

Vendor/Builder Information	
Vendor/Builder Name or #	
Contact Information	
First Name	Last Name
() –	() –
Daytime Phone Number	Evening Phone Number
() – Fax Number	E-mail Address
Fax Number	L-IIIalii Audi 655
Your comments on the accessibility of our service your experience with services provided by Tario	ces are welcome and appreciated. Please comment on on with regards to accessibility.
-	
	/ /
Signature	Date of Signature (YYYY/MM/DD)