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ACCESSIBILITY PLAN FEEDBACK FORM

Preferred Method Of Communication	Please Provide Contact Information or Leave Blank For Anonymous Feedback	
	Name:	
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Mail: ☐	Address:	
Phone: ☐	City:	Province:
No Follow Up: ☐	Postal Code:	
	Phone:	Fax:

If your feedback is related to barriers faced in relation to our products, services or facilities, please select the barriers that apply:

1. Attitudinal: ☐
2. Systemic: ☐
3. Technological: ☐
4. Information & Communication: ☐
5. Physical/Architectural: ☐

COMMENTS:

ONCE COMPLETED, THIS FORM CAN BE RETURNED TO A HELIJET TERMINAL IN-PERSON OR SUBMITTED VIA:

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Mail: Helijet, 5911 Airport Road S, Richmond BC V7B 1B5 Attn: Accessibility Plan Feedback