

AODA FEEDBACK FORM

Thank you for visiting

[Name of Triovest Managed Property]

Please tell us the date and time you visited

Date:

Time:

Please add any feedback you have regarding provisions of Triovest's goods or services to Persons with Disabilities:

In the event you would like a response, please provide the following information:

Name:

Mailing Address:

Phone:

***Email:**

Please indicate how you would like Triovest to contact you:

- Mail
- Phone
- Email
- I do not wish to be contacted

Note: If you have requested a response for your feedback, Triovest will be in contact with you within fourteen (14) business days of receiving your feedback form.