ACCESSIBILITY FEEDBACK FORM

TARION | 40 YEARS

40 YEARS OF BUILDING CONFIDENCE

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 Warranty Corporation
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/Builder Name or #

Enrolment #

Case #

Address

Street Number

Street Name

Condo Suite # (if applicable)

City/Town

Postal Code

Contact Information

First Name

Last Name

( ) –
Daytime Phone Number

( ) –
Evening Phone Number

( ) –
Fax Number

E-mail Address

For additional information about new home warranty protection, visit our website at www.tarion.com or call us at 1-877-9TARION (1-877-982-7466).

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

Your comments on the accessibility of our services are welcome and appreciated. Please comment on your experience with services provided by Tarion with regards to accessibility.

Signature

/ /

Date of Signature (YYYY/MM/DD)

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