

Community: _____

Address: _____

Full Name: _____ Date: _____

Accommodation Type

Apartment / Duplex / Fourplex / Condo

House (main / basement)

Bed & Breakfast

Room & Board

Other (please specify): _____

Specify number of bedrooms: _____

Satisfaction Level

*Please rate the accommodation by circling the appropriate number on the following scale, where:
1 = Very Poor, 2 = Poor, 3 = Neutral, 4 = Good and 5 = Excellent.*

Poor			Excellent	
1	2	3	4	5

Location

Size

Furnishings and Supplies

General Comfort

Suitability

Overall impression

Additional Comments

Briefly state the reasons for your rating. Please feel free to recommend anything you feel might improve the accommodation:

Thank you in advance for completing this evaluation form and submitting it to RhPAP via the following address below or Scan & Email to: accommodation@rhpap.ca or text photo to 780-554-8100