

**Municipality of Wawa**  
**Community Safety and Well Being Plan (CSWBP)**

Thank you for taking the time to review and provide your thoughts on our CSWBP. This plan was developed with input from the community through a survey and with the help of organizations that provide service to Wawa residents. Once you have read the report, in particular the action plan, please provide further input by answering the following questions.

**Please return the completed form to [exdir@wavs.cc](mailto:exdir@wavs.cc)**

Are there any organizations that you think should have been involved that were not? **Yes**  **No**

If yes, what organizations?

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Are there any concerns that you think we missed? **Yes**  **No**

If yes, please describe.

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Are there any solutions you think we missed? **Yes**  **No**

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Any other comments?

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