

Organization category [Designated Public Sector](#)

Number of employees range [50+](#)

Filing organization legal name [Corporation of the Town of Smiths Falls](#)

Filing organization business number (BN9) [106986177](#)

Fields marked with an asterisk (\*) are mandatory.

## E. Accessibility compliance report summary

Your responses to the questions on your accessibility report indicate that your organization is in compliance with AODA standards.

### Next Steps:

1. Your organization may be audited to verify compliance.
2. You must make this completed accessibility report available to the public.

## Instructions

All information you provide is subject to the *Freedom of Information and Protection of Privacy Act*.

If you are a public sector organization with **20 or more employees** that is not designated under the IASR ([O. Reg. 191/11: Integrated Accessibility Standards](#)) you are to comply with the IASR as a business/non-profit organization and complete the appropriate Accessibility Compliance Report. If you are a public sector organization with **fewer than 20 employees** that is not designated under the IASR ([O. Reg. 191/11: Integrated Accessibility Standards](#)), you are to comply with the IASR as a small business/non-profit organization and are exempt from the requirement to submit a report.

Fields marked with an asterisk (\*) are mandatory.

### A. Organization information

Organization category *	Number of employees range *	Reporting year
<a href="#">Designated Public Sector</a>	<a href="#">50+ employees</a>	2025

### Business details

Organization legal name *	Number of employees in Ontario * <a href="#">Help</a>
<a href="#">Corporation of the Town of Smiths Falls</a>	<a href="#">145</a>

Business number (BN9) \* [Help](#) ☐ Check this box if you have received an AODA identifier from the Ministry for Seniors and Accessibility

[106986177](#)

☒ Check if operating/business name is same as legal name

Organization operating/business name  
[Corporation of the Town of Smiths Falls](#)

Sector that best describes your organization's principal business activity \* [Help](#)  
[91 - Public administration](#)

Subsector (if possible)  
[913 - Local, municipal and regional public administration](#)

Industry group (if possible)  
[9139 - Other local, municipal and regional public administration](#)

### Mailing address

Address where letters can be sent to the person responsible for coordinating the organization's AODA compliance activities.

Country \*

The fields below will change based on your selection.

☒ Canada ☐ USA ☐ International

Type of address \* ☒ Street address ☐ Street address served by route ☐ Other

Unit number	Street number * 77	Street name * Beckwith		
Street type Street	Street direction N (North/Nord)	City * Smiths Falls		Province * ON (Ontario)

Postal code (e.g. A1A 1A1) \*  
[K7A 2B8](#)

### Business address

(Address at which letters can be sent to the company director/officer accountable for the organization's compliance with the AODA.)

☒ Check if business address is same as mailing address

Country \*

The fields below will change based on your selection.

☒ Canada

☐ USA

☐ International

Type of address \*

☒ Street address

☐ Street address served by route

☐ Other

Unit number

Street number \*

77

Street name \*

Beckwith

Street type

Street

Street direction

N (North/Nord)

City \*

Smiths Falls

Province \*

ON (Ontario)

Postal code (e.g. A1A 1A1) \*

K7A 2B8

Use the "Add new organization" button to add additional organizations to which this accessibility report is to be applied (maximum 20).

**Note:** All organizations must have the same organization category, number of employees range, compliance answers and certifier, and have different business numbers, in order to file under the same form.

Organization category [Designated Public Sector](#)

Number of employees range [50+](#)

Filing organization legal name [Corporation of the Town of Smiths Falls](#)

Filing organization business number (BN9) [106986177](#)

Fields marked with an asterisk (\*) are mandatory.

## B. Understand your accessibility requirements

Before you begin your report, you can learn about your accessibility requirements at [ontario.ca/accessibility](https://ontario.ca/accessibility)

Additional accessibility requirements apply if you are:

- [a library board](#)
- [a producer of education material \(e.g. textbooks\)](#)
- [an education institution \(e.g. school board, college, university or school\)](#)
- [a municipality](#)

If you are a municipality submitting this report, and submitting on behalf of local boards, please indicate which boards below.

## C. Accessibility compliance report certification

Section 15 of the *Accessibility for Ontarians with Disabilities Act, 2005* requires that accessibility reports include a statement certifying that all the required information has been provided and is accurate, signed by a person with authority to bind the organization(s).

**Note:** It is an offence under the Act to provide false or misleading information in an accessibility report filed under the AODA.

The certifier may designate a primary contact for the Ministry for Seniors and Accessibility to contact the organization(s); otherwise the certifier will be the main contact.

**Certifier:** Someone who can legally bind the organization(s).

**Primary Contact:** The person who will be the main contact for accessibility issues.

### Acknowledgement

☒ I certify that all the information is accurate and I have the authority to bind the organization \*

Certification date (yyyy-mm-dd) \* [2025-05-28](#)

### Certifier information

Last name \*  
[Clark](#)

First name \*  
[Stephanie](#)

Position title \*  
[Director](#)

Business phone number \*  
[613-283-4124](#)

Extension ☐ Check here if TTY  
[6101](#)



Email *	Alternate phone number	Extension	Fax number
sclark@smithsfalls.ca			

**Primary contact for the organization(s)**

☒ Check if the primary contact is same as the certifier

Last name *	First name *
Clark	Stephanie

Position title *	Business phone number *	Extension	<input type="checkbox"/> Check here if TTY
Director	613-283-4124	6101	

Email *	Alternate phone number	Extension	Fax number
sclark@smithsfalls.ca			

## D. Accessibility compliance report questions

### Instructions

Please answer each of the following compliance questions. Use the Comments box if you wish to comment on any response. If you need help with a specific question, click the help links which will open in a new browser window. Use the link on the left to view the relevant AODA regulations and the link on the right to view relevant accessibility information resources.

### General

1. Is your organization in compliance with all applicable requirements of the General Section? \* ☒ Yes ☐ No

[Read O. Reg. 191/11, Part I: General](#)

[Learn more about your requirements for question 1](#)

[Use this self-assessment tool to identify which requirements apply to your organization under the General Requirements](#)

Comments for question 1 Further, the Town of Smiths Falls has an Accessibility Advisory Committee, even though with our existing population we are not required to.

### Information and communications

2. Is your organization in compliance with all applicable requirements of the Information and Communications Standards? \* ☒ Yes ☐ No

[Read O. Reg. 191/11, Part II: Information and communications standards](#)

[Learn more about your requirements for question 2](#)

[Use this self-assessment tool to identify which requirements apply to your organization under the Information and Communications Standards](#)

Comments for question 2 Include any additional information or explanation to accompany your yes/no answer to the question.

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## Employment

3. Is your organization in compliance with all applicable requirements of the Employment Standards? \*

☒ Yes ☐ No

[Read O. Reg. 191/11, Part III: Employment Standards](#)

[Learn more about your requirements for question 3](#)

[Use this self-assessment tool to identify which requirements apply to your organization under the Employment Standards](#)

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Comments for question 3 Include any additional information or explanation to accompany your yes/no answer to the question.

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## Transportation

4. Is your organization in compliance with all applicable requirements of the Transportation Standards? \*

☒ Yes ☐ No

[Read O. Reg. 191/11, Part IV: Transportation standards](#)

[Learn more about your requirements for question 4](#)

[The Transportation Standards Reference Guide provides information about accessibility requirements from the Transportation Standards](#)

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Comments for question 4 [N/A the Town does not provide public transportation; the Police Department oversees the licensing of taxicabs.](#)

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## Design of public spaces

5. Is your organization in compliance with all applicable requirements of the Design of Public Spaces Standards? \*

☒ Yes ☐ No

[Read O. Reg. 191/11 Part IV.1: Design of public spaces standards](#)

[Learn more about your requirements for question 5](#)

[The DOPS Reference Guide provides an overview of the scope, applicability and specific requirements of DOPS](#)

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Comments for question 5 Include any additional information or explanation to accompany your yes/no answer to the question.

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**Customer Service**

6. Is your organization in compliance with all applicable requirements of the Customer Service Standards? \* ☒ Yes ☐ No

[Read O. Reg. 191/11 Part IV.2: Customer Service standards](#) [Learn more about your requirements for question 6](#)

[Use this self-assessment tool to identify which requirements apply to your organization under the Customer Service Standards](#)

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Comments for question 6 Include any additional information or explanation to accompany your yes/no answer to the question.

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