



Accessibility Request Form

Documents in Alternate Formats

Personal Information (Please print)

Name: _____

Address: _____

Home phone number: _____

Cell phone number: _____

Email address: _____

Document Information

Name of Document: _____

Department: _____

Event (if applicable): _____

Which format would you prefer? (Check appropriate box)

Large Print

Preferred font size: _____

Preferred font style: _____

Braille

Plain Language

Audio

Electronic (Check preferred format.)

Microsoft Word

HTML

Rich Text

PDF

American Sign Language (ASL) / Langue des Signes Québécoises (LSQ)

Other: _____



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Continued on back

Date: _____

Signature: _____

Personal information, on this form, is being collected under the authority of section 11 of the Integrated Accessibility Standards, Ontario Regulation 191/11 under the Accessibility for Ontarians with Disabilities Act, 2005, and will be used to address and resolve issues related to the accessibility of the Cities goods, services, programs, and facilities. Questions about this collection should be directed to the Clerks Department, City of Temiskaming Shores, 325 Farr Dr. P.O. Box 2050 Haileybury, ON. P0J 1K0, 705-672-3363 ext. 4136



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