

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)

Other: _____

Date Required by: (please allow time for conversion) _____

Signature: _____ Date: _____

Personal information, on this form, is being collected under the authority of section 12 of the Integrated Accessibility Standards, Ontario Regulation 191/11 under the Accessibility for Ontarians with Disabilities Act, 2005, and will be used to process your request to provide accessible formats and communication supports, and used in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Questions about this collection should be directed to the Clerk, Township of Adjala – Tosoronto, 7855 Sideroad 30, Alliston, Ontario L9R 1V1 705-434-5055 ext 226 or dlundy@adjtos.ca.