



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: _____

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 Town Clerk, Town of Wasaga Beach, 30 Lewis Street, Wasaga Beach, ON L9Z 1A1 * 705-429-3844 ex 2224 or deputyclerk@wasagabeach.com.