

Information and Communication Request

This form is also available in large print.

Name	
Address	
Telephone	
Date of Request	
Email Address	

Request for information in an alternative format (in English):

Document					
Date Required					
Format (Please indicate with x)	Large Print*	Plain Language	Audio	Braille**	E-Text
Preferred Delivery Method (please indicate with x)	Email	Mail	Pick Up		Type of Media†

*Indicate font size

** Indicate Braille Grade

†Type of Media includes: CD, memory stick etc.

Request for American Sign Language Interpreter (ASL) Service:

Date Interpreter Required	
Duration Interpreter is Required	
Type of Meeting	
Location of Meeting	

Complete and return to the Clerk's Department, Attention: Accessibility Clerk

