

ACCESSIBILITY REQUEST FORM – DOCUMENTS IN ALTERNATE FORMAT

Personal Information (please print)

First Name: _____ Last Name: _____

Address

Street: _____

City: _____ Province: _____ Postal Code: _____

Contact Information

Phone number: _____ Email Address: _____

Document Information

Name of Document: _____

Department: _____

Event (if applicable): _____

Date required: _____

Language Requested

English French

Accessible format or communication support requested

Large Print Preferred font size: _____ Preferred font style: _____

Plain Language Audio Electronic (check preferred format)

Microsoft Word HTML Rich Text PDF Other: _____

Signature: _____ Date: _____

Thank you for your request. Personal information on this form is being collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act R.S.O. 1990, Chapter M.56* and will be used to ensure all goods and services offered by the Town of Hanover are provided in an inclusive and accessible manner.