

# Request for Accessible Format or Communication Supports Form

Name of Requestor: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## Requesting Information in an Accessible Format (in English)

Name of Document: \_\_\_\_\_

Department Responsible for Document: \_\_\_\_\_

Type of Format Requested:

Braille

Audio

Large Print

Accessible Electronic Document

Plain Language

**Please Include Specifics Related to Format:**

**Type of Communication Support Required:**

American Sign Language (ASL)

Other

**If Other, Please Specify:**

**Date of Support Required:** \_\_\_\_\_

**Location of Meeting:** \_\_\_\_\_

**This form should be completed and returned to:**

**Sarah Savoie, Accessibility Coordinator  
County of Elgin, Human Resources Department  
450 Sunset Drive, St. Thomas ON N5R 5V1  
Email: [ssavoie@elgin.ca](mailto:ssavoie@elgin.ca)  
Fax: 519-633-7785  
Phone: 519-631-1460 ext.167**