

Request for Accessible Format and/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:

**County of Elgin, Human Resources Department
450 Sunset Drive, St. Thomas ON N5R 5V1**

Email: hr@elgin.ca

Fax: 519-633-7785

Phone: 519-631-1460 ext. 125