



Accessible Information and Communication Request Format Request Form

Name:	Date of Request:
Address:	
Telephone:	
Email Address:	

Request for information in an alternative format (in English)

Document:		Date Required:	
Format (please indicate with an X)			
<input type="checkbox"/> Large Print Font size _____	<input type="checkbox"/> Plain Language	<input type="checkbox"/> Audio Text	<input type="checkbox"/> Braille Braille Grade _____
Type of Media:			
<input type="checkbox"/> CD <input type="checkbox"/> Memory Stick			
<input type="checkbox"/> Other: _____			
Preferred Delivery Method	Email	Mail	Pick up

Complete and return to Leanne Martin, Clerk by email at
lmartin@town.southbruce.on.ca