

## Accessibility Request Form Documents in Alternate Formats

## Personal Information (Please print)

Name:		
Cell phone number:		
Email address:		

## **Document Information**

Name of Document:
Department:
Event (if applicable):
Which format would you prefer? (Check appropriate box)
Large Print Preferred font size: Preferred font style:
□ Braille
Plain Language
□ Audio
Electronic (Check preferred format.)
$\Box$ Microsoft Word $\Box$ HTML $\Box$ Rich Text $\Box$ PDF
American Sign Language (ASL) / Langue des Signes Québécoises (LSQ)
□ Other:

Date:
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Signature: \_\_\_\_\_

Thank you for your request. This form will be forwarded to the Clerk for follow-up. The County of Bruce is committed to creating and maintaining an inclusive and accessible community for all residents.

Personal information on this form is being collected under the authority of Ontario Regulation 191/11 Integrated Accessibility Standards under the Accessibility for Ontarians with Disabilities Act, 2005, and will be used for the purpose of providing alternate formats, and used in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Questions about this collection should be directed to the Clerk, County of Bruce, 30 Park Street, Walkerton ON NOG 2V0, Phone 519-881-1291 or email:lwhite@brucecounty.on.ca

