



TOWNSHIP OF AMARANTH
Request for Information in an Alternative Format
(Form also available in large print)

Name _____

Address _____

Telephone _____ Email _____

Date of Request _____

Document Required _____

Date Required _____

| Format (Please indicate with ✓) | Large Print* | Audio | E-Text | Other (Please specify) |
|---------------------------------------|--------------|-------|--------|---------------------------|
| | | | | |

*Indicate font size

Request for American Sign Language Interpreter

Date Required _____

Time Required _____ Duration of Service _____

Location _____

Complete form and return it to Department Manager. Forward a copy of form to the Clerk.

For Office Use only - Outcome of Request