



TOWNSHIP OF AMARANTH

Request for Information in an Alternative Format

(Large print version)

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 Head. Forward a copy of form to the Clerk.

Information collected in accordance with the Customer Service Accessibility Policy

For Office Use only - Outcome of Request