



Accessibility Request Form

Documents in Alternate Formats

Personal Information (Please print.)

Name: _____

Address: _____

Home phone number: _____

Cell phone number: _____

Email address: _____

Document Information

Document Name: _____

Date of Creation: _____

Section(s) required: _____

Department: _____

Event (if applicable): _____

Continued on back.



Which format would you prefer? (Check appropriate box.)

Large print

Preferred font size: _____

Preferred font style: _____

Braille

Plain language

Audio

Electronic (Check preferred format.)

Microsoft Word

HTML

Rich Text

PDF

Other: _____

Date: _____

Signature: _____

Thank you for your request. This form will be forwarded to the Coordinator of Accessibility & Special Needs for follow-up.

Personal information on this form is being collected under the authority of the Municipal Act, R.S.O. 1980, chapter 302 (as amended) and will be used to ensure all goods and services offered by the Town of Milton are provided in an inclusive and accessible manner.

Questions about this collection should be directed to:

Town Clerk, Town of Milton

150 Mary Street

Milton, Ontario

L9T 6Z5

Tel. 905-878-7252, ext. 2132