



TOWNSHIP OF EAST GARAFRAXA

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 a checkmark)	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