



# TOWNSHIP OF EAST GARAFRAXA

## Request for Information in an Alternative Format

(Large print version)

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Date of Request \_\_\_\_\_

Document Required \_\_\_\_\_

Date Required \_\_\_\_\_

<b>Format (Please indicate with a checkmark)</b>	<b>Large Print*</b>	<b>Audio</b>	<b>E-Text</b>	<b>Other (Please specify)</b>

\*Indicate font size

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## 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