



REQUEST FOR INFORMATION AND ASSISTANCE IN AN ALTERNATIVE FORMAT

This form is also available in large print.

Name	
Address	
Telephone	
Date of Request	
Email Address	

Request for information in an alternative format (in English):

Document Required					
Date Required					
Format (Please indicate with x)	Large Print*	Plain Language	Audio	Braille**	E-Text

*Indicate font size

** Indicate Braille Grade

Request for American Sign Language Interpreter (ASL) Service:

Date Required	
Time Required	
Meeting Required	
Location of Meeting	

Complete and return to the Clerks Department.