

Request for Accessible Information or Communications

Name of Requestor

Date of Request

Address

E-mail Address

Telephone Number

Request information in an accessible format (in English):

Name of Document

Department the document originated:

Type of Format Requested:

Please include specifics related to format:

Braille

Audio

Large Print

Accessible Electronic Document

Plain Language

Type of Communication Support Required:

If other, please specify:

American Sign Language (ASL)

Other

Date of support required:

Location of Meeting:

**Municipality of Thames Centre
Attn: Clerk
4305 Hamilton Road, Dorchester ON N0L 1G3
Phone: 519-268-7334
Fax: 519-268-3928
tmichiels@thamescentre.on.ca**