

## Accessibility Request Form – Documents in Alternate Formats



Personal Information	
Name:	
Address:	
Phone Number:	
E-mail Address:	
Date of Request:	

Document:	
Date Required:	

Format Requested:	 Braille	 Large Print	Audio	Plain Language	E-text
Circle Choice					

Other: \_\_\_\_\_

Request for American Sign Language Interpreter (ASL) Service or Captioning

Date Interpreter Required	
Duration Interpreter is Required	
Type of Meeting	

Complete and return form by e-mail to: [dushan.zuber@lhins.on.ca](mailto:dushan.zuber@lhins.on.ca)

Personal Information on this form is being collected under the authority of section 12 of the Integrated Accessibility Standards Ontario Regulation 191/11 under the Accessibility for Ontarians with Disabilities Act 2005, and will be used to provide accessible formats and communication supports to residents with disabilities.