

Accessible Information and Communication Request FORMAT REQUEST FORM

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					
Date Required					
Format (Please indicate with x)	Large Print*	Plain Language	Audio	Braille**	E-Text
Preferred Delivery Method (please indicate with x)	Email	Mail	Pick Up		Type of Media†

*Indicate font size

** Indicate Braille Grade

†Type of Media includes: CD, memory stick etc.

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

Date Interpreter Required	
Duration Interpreter is Required	
Type of Meeting	

*Complete and return to the Clerks Department by email at
clerks@cambridge.ca*