

**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