



Township of Melancthon

Request for Information in an Alternative Format

(Form also available in large print)

Name _____

Address _____

Telephone _____ Email _____

Date of Request _____

Document Required _____

Date Required _____

Format (Please indicate with √)	Large Print*	Audio	E-Text	Other (Please specify)
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*Indicate font size

Request for American Sign Language Interpreter

Date Required _____

Time Required _____ Duration of Service _____

Location _____

Complete form and return it to CAO/Clerk-Treasurer.

For Office Use only - Outcome of Request