



Township of Melancthon

Request for Information in an Alternative Format (Large Print Version)

Name _____

Address _____

Telephone _____ Email _____

Date of Request

Document Required _____

Date Required _____

Format (Please indicate with ✓)	Large Print*	Audio	E-Text	Other (Please specify)

*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

Information Collected in accordance with the Customer
Service Accessibility Policy