

## **Request for Documents in Alternate Formats**

The Township of Lake of Bays will provide documents upon request in the most appropriate accessible format. This may include electronic files, large print formats, and/or audio format, as examples.

## **Personal Information:**

Applicant's Information	1			
Name:				
Street Number:				
Street Name:				
Unit/Apartment/Suite:				
Town/City:				
Province:				
Postal Code:				
Phone Number:				
Email:				
Documentation Information:  Name of the document you would like in an alternate format (must be a Township of Lake of Bays document).				
Language Requested:	□ English	□ French	□ Other	

Which format type would you prefer? Large print, audio, electronic (Microsoft Word, PDF or HTML text), other?		

## **Collection of Information**

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 upon request. Questions can be addressed to the Municipal Clerk 705-635-2272 ext. 1236 or by email at <a href="mailto:CSykes@lakeofbays.on.ca">CSykes@lakeofbays.on.ca</a>.

Date: