



Alternative Format Request Form Accessibility for Ontarians with Disabilities Act

Date (MM/DD/YY): _____ Received By: _____

Personal Information

Name: _____

Address: _____

Telephone Number: _____ E-mail: _____

Document Needed: _____

Format Needed - Please check applicable box(es):

Large Font – Size of font required : _____

Colour Contrast – Required contrast : _____

Audio

ASL Interpreter

Braille

Other, please specify : _____

The personal information that you have provided to us to enable us to respond to your inquiry for information in an alternative format will be used by staff for that purpose only. You will not be placed on any mailing list, nor will your information be released to any third party, except as authorized by law. The authority for obtaining this information from you complies with the Ontario Regulation 429/07 – Accessibility Standards for Customer Service of the Accessibility for Ontarians with Disabilities Act, S.O. 2005, Chapter 1.

Questions about this collection should be directed to the Coordinator of the Y Accessibility Plan:

People and Culture

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