

# Customer Accommodation Request Form

## Accessible Customer Service

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This Customer Accommodation Request Form should be completed for accommodation requests for persons requiring accommodations to Town services and where the accommodation cannot be readily provided, requires advance booking, requires management approval, or where the appropriate accommodation is uncertain. You may submit your form in person, in writing, electronically by email or discuss your needs over the phone with staff. Please contact the service area directly and submit this form or the Clerk's Division who handles the *Accessibility for Ontarians with Disabilities Act* legislation at:

100 Dissette Street, Unit 7 and 8, P.O. Box 100, Bradford Ontario, L3Z 2A7.  
Telephone (905) 775-5366  
Fax (905) 775-0153  
Email [Accessibility@townofbwg.com](mailto:Accessibility@townofbwg.com)

### Requestor Information

Date submitted: \_\_\_\_\_ Date Accommodation is required: \_\_\_\_\_  
Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Customer (or parent/guardian) signature \_\_\_\_\_

### Accommodation Request Details

If you require the accommodation for a specific program or service please provide the name of the program or service.

Personal information on this form is collected under the authority of the *Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M56*, as amended. Inquiries about the collection of personal information should be directed to the Municipal Clerk.