



## Request for Documentation in an Accessible Format

### Personal Information

<b>First Name:</b>	
<b>Last Name:</b>	

### Contact Information

<b>Home Phone:</b>	
<b>E-mail Address:</b>	
<b>Mailing Address:</b>	

### Documentation Requested

<b>Document name or details:</b>	
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### Formats Requested (please provide at least two formats that would meet your needs, e.g. Audio, electronic, Braille, large print etc.)

1.
2.
3.

### Date Required By (please allow reasonable time for document conversion)

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Personal Information collected is pursuant to the Municipal Act, and will be used for the purpose of processing your request. It will be used in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56. Should you have any questions regarding the collection or use of the personal information, please contact the Municipal Clerk, Town of Bradford West Gwillimbury, 100 Dissette St. Unit 7 & 8, P.O. Box 100, Bradford, ON L3Z 2A7, Telephone: (905) 775-5366, Fax: (905) 775-0153.

*For Town of Bradford West Gwillimbury Internal use only*

## **Internal Tracking for Documents in an Accessible Format**

Date received: \_\_\_\_\_

Department received by: \_\_\_\_\_

Department processing request: \_\_\_\_\_

Document conversion process started on: \_\_\_\_\_

Anticipated completion date: \_\_\_\_\_

Check when the document has been sent to the requester.

Closed by: \_\_\_\_\_

Date closed: \_\_\_\_\_