



Alternative Format Request Form Accessibility for Ontarians with Disabilities Act

DATE	RECEIVED BY

Personal Information

FIRST NAME	LAST NAME		
ADDRESS	CITY	PROVINCE	POSTAL CODE
TELEPHONE	EMAIL		

Document Needed

--

Format Needed - Please check applicable box(es):

Audio ASL Interpreter Braille

Large Font – Size of font required:

Colour Contrast – Required contrast :

Other, please specify :

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

People and Culture
613 237-1320 x 5135
peopleandculture@ymcaottawa.ca

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.