

**REQUEST FOR ACCESSIBLE CUSTOMER SERVICE DOCUMENTATION IN AN
ALTERNATIVE FORMAT**

We are committed to providing information in the format that meets your needs. If you need information in an alternate format, please use this form and let us know what format will work for you. Alternatively, you can visit or call the building office to make a request.

Name: _____

Address: _____

City/Town: Postal Code: _____

Telephone Number/ TTY Number: _____

Fax Number: _____

Email Address: _____

Name of Document(s) Required: _____

Additional Description of Document(s): _____

Format Requested: e.g. Large Print, electronic text on disk or as email attachment, audio, etc. (please indicate any specific technical needs):

Date information is required: _____

Please return this form to: Program Manager
58 Welland Ave. St. Catharines ON L2R 2M5
905.641.1660 ext. 27
intake.bethlehem@cogeco.net