

Accommodation Request Form

This Accommodation Request Form should be completed for accommodation requests for persons with disabilities 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, by telephone, in writing, or electronically by email or through our website.

Mail or Deliver To:

Fax To:

Email To:

Name	Address:
Contact Phone Number	
Email Address	

Information about the service or position for which accommodating is requested:

Name of Position or Service	Date requested FROM	Date required TO
Location of Position or service	Time requested FROM	Time required TO

Please indicate the type of accommodation required:

Date Submitted	Name of Person submitting request (if different than above)	Signature
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Personal Information collected is pursuant to the Municipal Act, and will be used for the purpose of collecting feedback. 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:

For Internal use only:

Request Date:	Received by (name)	Referred to (name)	Date Referred
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Gauges | Fixtures | Automation

Comments:

Management Response:

Accommodation Plan (If required)

Accommodation Plan Review

Review Date:	Reviewed by (name)	Reviewed by (Signature)	Status
Comments:			