



Request for Town of Amherstburg Documentation in Alternative Format

Name _____

Address _____

Telephone _____ Fax Number _____

E-mail _____

Name of Document _____

Name and Date of Event _____

Format Requested: e.g. Braille, html, text etc. (please indicate any specific technical needs) _____

Additional information regarding the request or document (i.e. time factors such as a set public consultation period) _____

THANK YOU FOR YOUR INTEREST IN THE TOWN OF AMHERSTBURG

RETURN THIS FORM TO:

Fax: (519) 736-5403

E-mail: kdipaolo@amherstburg.ca

Mail: Kristina Pozar Di Paolo

Administrative Assistant, Town of Amherstburg

271 Sandwich Street South

Amherstburg, N9V 2A5

Phone: (519) 736-0012 Ext. 240

TTY: (519) 736-9860

Personal information on this form is collected under the authority of section 367(1) of the Municipal Act, R.S.O. 1990, c. M.45. It will be used to provide a document or information produced by the Town of Amherstburg, as requested. Questions about this collection may be directed by mail to the Town Clerk, Town of Amherstburg, 271 Sandwich St South Amherstburg, Ontario, N9V 2A5

Internal Use - To Be Completed by Town Clerk's Office			
Date Received:	Document's Originating Department/Contact:	Date Completed:	Cost: