



Accessibility Accommodation Request Form

First Name:	Last Name:
Address:	
Town:	Postal Code:
Phone:	
Email:	
Please check off any accommodations you will need in order to participate:	
<input type="checkbox"/>	Sign language Interpreter
<input type="checkbox"/>	Note taker
<input type="checkbox"/>	Captioning service
<input type="checkbox"/>	Large print
<input type="checkbox"/>	Wheel chair access
<input type="checkbox"/>	Mobilized chair/scooter access
<input type="checkbox"/>	Front row seating
<input type="checkbox"/>	Dietary restrictions Please list:
<input type="checkbox"/>	An assistant will be accompanying me
<input type="checkbox"/>	A service animal will be accompanying me
<input type="checkbox"/>	Other: please describe
Please identify what meeting you are attending, on what date:	
Meeting:	
Date:	

Please email a copy of the completed form to rmccuaig@peaceriver.ca