



## Accessible Information Request Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Please provide the name of the document(s) that you wish to be made accessible and the format:

Name of the Document(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Format Requested:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you. Please submit this form to:

Township of Carlow/Mayo

3987 Boulter Road

Boulter, ON

K0L 1G0

(613) 332-1760

Fax: (613) 332-2175

Email: [clerk@carlowmayo.ca](mailto:clerk@carlowmayo.ca)