



Request for Innisfil Public Library Documentation in an Alternate Format Form

Name:
Address:
Telephone Number:
Fax Number:
Email:
Name of Document:
Name and Date of Event:
Format Requested: Example: Large Print, Electronic, etc. (Please indicate any technical needs)
Additional Information regarding the request or document (i.e. time factors):

PLEASE RETURN THIS FORM TO: CEO, Innisfil Public Library,
967 Innisfil Beach Rd., Innisfil, Ont., L9S 1V3
or email accessibility@innisfilidealab.ca.

Personal information collected 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 Innisfil Public Library, as requested. Questions about this collection may be directed by mail to the CEO, Innisfil ideaLAB & Library, 967 Innisfil Beach Road, Innisfil, Ontario, L9S 1V3.

Internal Use – To Be Completed by the Library			
Date Received	Document's Originating Contact	Date Completed	Cost

This document is available upon request in an alternate format.

