

## Appendix A - Accessibility Services Request Form

Please fill in the form and return it to the sender by Email or to Fax No. \_\_\_\_\_, no later than \_\_\_\_\_.

Last Name - \_\_\_\_\_ First Name - \_\_\_\_\_

Gender - Male / Female

Cell Phone Number - \_\_\_\_\_

Email Address - \_\_\_\_\_

Vehicle Registration Plate Number - \_\_\_\_\_

### Accessibility Services required:

- Linguistic Simplification
- Live Transcription
- Translation to Sign Language
- Assistive Listening Devices / Sound Amplifiers
- Accessible Parking
- Accessible Parking for a Tall Vehicle
- Special Seating Arrangements:
  - Accessible Adjusted Seat (with arms)
  - Reserved Space for a Wheelchair
  - Personal Seating Aide
  - Reserved Space for a Service Animal / Dog
- Other (please detail):  
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