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):

__________________________________________________________________________