



CORPORATION OF THE MUNICIPALITY OF MORRIS-TURNBERRY

INFORMATION AND COMMUNICATION REQUEST

This form is also available in large print.

Name	
Address	
Telephone	
Date of Request	
Email Address	

Request for information in an alternative format (in English)

Document					
Date Required					
Format (Please indicate with an x)	Large Print *	Plan Language	Audio	Braille **	E-Text
Preferred Delivery Method (please indicate with an x)	Email	Mail	Pick up		Type of Media +

*Indicate font size

** Indicate Braille Grade

+ Type of Media includes: CD, Memory Stick, etc

Request for American Sign Language Interpreter (ASL) Service:

Date Interpreter Required	
Duration Interpreter is Required	
Type of Meeting	
Location of Meeting	

Municipality of Morris-Turnberry
PO Box 310, 41342 Morris Road,
BRUSSELS, ON N0G 1H0
Tel: 519-887-6137 Fax: 519-887-6424
mail@morristurnberry.ca