



Accessibility Request Form

Documents in Alternate Formats

RAINY RIVER DISTRICT SOCIAL SERVICES ADMINISTRATION BOARD

Personal Information (please print)

Name: _____

Home Phone: _____

Address: _____

Cell Phone: _____

Email Address: _____

Document Information

Name of Document: _____

Department: _____

Event: _____ *(if applicable)*

Which format would you prefer:

Large Print

Preferred font size: _____ Preferred font style: _____

Plain Language

Audio

Other _____

Electronic (check preferred format)

Microsoft Word HTML

Rich Text PDF

Signature: _____

Date: _____

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