

Personal Information (Please print)

## **Accessibility Request Form**

## **Documents in Alternate Formats**

Name:				
Address:				
Home phone number:				
Cell phone number:				
Email address:				
Document Information				
Name of Document:				
Department:				
Event (if applicable):				
Which format would you prefer? (Check app	oropriate box)			
Large Print				
Preferred font size:				
Preferred font style:				
Plain Language				
Audio				
Electronic (Check preferred format)	Microsoft Word	HTML	Rich Text	PDF
Other:				
Date:	Signature:			
Thank you for your request. This form will be	forwarded to HR for	r follow-up	. EMC is com	mitted to

Thank you for your request. This form will be forwarded to HR for follow-up. EMC is committed to eliminating barriers and improving accessibility for persons with disabilities in a manner that respects dignity, independence, integration and equal opportunity.

Email this completed form to HR by clicking the following button.

For any further questions or concerns, contact HR at +1 (844) 644-3627 Ext. 127, or email <a href="mailto:hr@emccanada.ca">hr@emccanada.ca</a>.

Personal information on this form is collected under the authority of Ontario Regulation 191/11 Integrated Accessibility Standards under the Accessibility for Ontarians with Disabilities Act, 2005, and will be used for the purpose of providing alternate formats, and used in accordance with PIPEDA. Questions about this collection should be directed to HR, EMC Power Canada Ltd., 1412 Concession 11, Tiverton, ON NOG 2T0, Phone +1 (844) 644-3627 Ext. 127 or email: hr@emccanada.ca.

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