



Accessible Formats and Communication Supports Request Form

What is your relationship with AVL Manufacturing Inc.?

<input type="checkbox"/> Customer	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Employee
<input type="checkbox"/> Visitor	<input type="checkbox"/> Other:	

Contact Information

Name: _____

Employee # (if applicable): _____

Phone Number: _____

Email Address: _____

What type of Company information do you require an accessible format or communication support for, to meet your accessibility needs?

<input type="checkbox"/> Information on Company Goods, Services or Facilities	<input type="checkbox"/> Workplace Information
<input type="checkbox"/> Job Specific Information	<input type="checkbox"/> Other:

Additional Comments: _____

Request Submission Date

OFFICE USE ONLY

Accessible Format/Communication Support Provided: _____

HR Manager Signature

Completion Date

Please email the completed form to the Human Resources Department hr@avlmfg.com. The HR Manager will contact you to identify and arrange for the provision of suitable accessible formats and communication supports to meet your accessibility needs in a timely manner.