



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  
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