



Accessible Information Request Form

Thank you for visiting Selwyn. We value all of our customers and strive to meet everyone's needs.

Name: _____

Address: _____

Contact Number: _____ Email: _____

Please state the name of the Accessible Customer Service document that you wish to be made accessible: (if possible attach document to the form).

Please indicate which accessible format you require:

Please note that the turnover time varies for each format.

Thank you.

Please submit this form to:

The Township of Selwyn
P.O. Box 270
Bridgenorth, ON K0L 1H0
(705) 292-9507
Fax (705) 292-8964
www.selwynthownship.ca