

CUSTOMER ACCOMODATION REQUEST FORM

Full Name		Day Telephone	Number	Evening Telephone Number		
Address			Email			
Address		Email				
Information about the se	ervice or pr	ogram for whic	h accommodating	is request	ed	
Name of Program or Serv	ice Date Requested		From	Date req	uired To	
Location of Program or Se	ervice	Time Requested From		Time Rec	me Required To	
Department Name		Contact Person				
			1			
Please indicate the type of	of assistanc	ce required (deta	ailed information v	will help us	provide better service	
to you)						
Date Submitted		Name	of Person Submit	ting		
Date Submitted		Name	of Person Submit	ting		
Date Submitted		Name	of Person Submit	ting		
	ntained on				egulation 429/07, the	
Personal information con		this form is coll	ected pursuant to	Ontario Re	_	
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