



## Accessibility Request Form

Personal Information (Please print).	
Name: _____	Address: _____
Home Phone: _____	Cell Phone: _____
Email Address: _____	
Document Information	
Document Name: _____	
Date of Creation: _____	Department: _____
Section (s) required: _____	
Event (if applicable): _____	
Which format would you prefer? (Check appropriate box.)	
<input type="checkbox"/> <b>Large print</b> (Preferred font size: _____ Preferred font style: _____)	
<input type="checkbox"/> <b>Braille</b>	<input type="checkbox"/> <b>Plain language</b>
<input type="checkbox"/> <b>Audio</b>	
<input type="checkbox"/> <b>Electronic</b> (Check preferred format: <input type="checkbox"/> Microsoft Word <input type="checkbox"/> HTML <input type="checkbox"/> Rich Text <input type="checkbox"/> PDF)	
<input type="checkbox"/> <b>Other:</b> _____	
Description of Feedback:	
Suggestions for Improvement/Resolution:	

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Thank you for your feedback. This form will be forwarded to the Coordinator of Accessibility & Special Needs for follow-up.

Personal information on this form is being collected and will be used to ensure all goods and services offered by ENDVR Energy are provided in an inclusive and accessible manner.