

Customer Accommodation Request

The ability of all customers to access City of London services is important to us. The City will make reasonable efforts to accommodate persons with disabilities, and will consult with the person making the request to determine a suitable accommodation. Please submit your completed form to any of the following:

Print and mail or deliver to:	Fax to:	E-mail	to:
Melanie Stone	519-661-2367	access	sibility@london.ca
City of London			
P O Box 5035			
300 Dufferin Avenue, 5th Floor			
London, ON N6A 4L9			
Full name of person requiring accommodation		Day telephone number	Evening telephone number
Address		E-mail address	

Information about the City of London service or program for which accommodation is requested

Name of program or service			Date required FROM	Date required TO	
Location of program or servi	ce		Time required FROM	Time required TO	
Service area		Division	1	I	
Please indicate the type of assistance required (detailed information will help us provide better service to you)					
Date submitted	Name of person submitting request (if differe	nt than above)			
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Personal information contained on this form is collected pursuant to Ontario Regulation 429/07, the Accessibility Standards for Customer Service and will be used for the purpose of responding to your request. Questions should be directed to Melanie Stone, Municipal Policy Specialist (AODA), 519-661-2489, extension 2425.

For City of London use only

Request number	Referred to (name)	Date referred	Received by (name)
Comments			