



CUSTOMER ACCOMMODATION FORM

Municipal Information

This Customer Accommodation Request form should be completed for accommodation requests for persons with disabilities and where the accommodation cannot be readily provided, requires advance booking, requires management approval, or where the appropriate accommodation is uncertain. You may submit your form in person, by telephone, in writing, or by email:

Clerk's Office
Town of Wasaga Beach
30 Lewis Street
Wasaga Beach, ON L9Z 1A1
Tel: 705-429-3844 ext. 2224
Fax: 705-429-6732
Email: deputyclerk@wasagabeach.com
Website: www.wasagabeach.com

Required Information (Please print)

Name: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

If you require the accommodation for a specific program or service please provide the name of the program or service:

Type of accommodation requested:

Date Request Submitted: _____

Date accommodation required: _____

Customer Signature: _____ OR

Parent or Guardian Signature: _____

If your parent or guardian has signed this form on your behalf please provide the following information:

Parent or Guardian Name: _____

Contact Information: _____

Thank you for your request. This form will be forwarded the Town Clerk for follow-up. The Town of Wasaga Beach is committed to creating and maintaining an inclusive and accessible community for all residents.

The personal information on this form is collected under the authority of the Municipal Act and the legislation expressly associated with the Integrated Accessibility Standards and used for the purposes of processing your request and collecting feedback. It will be used in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56. Questions about this collection can be directed to the Clerk's Department, Town of Wasaga Beach, 30 Lewis Street, Wasaga Beach, ON L9Z 1A1 or by telephone to 705-429-3844.