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|  | | RI Governor's Commission on Disabilities | | | | | |
| | | RI GCD Form G 1. Alternate Document Reproduction Request | | | | | |
| Requestor's Name | | | | | | | |
| Day Time Phone # | | | | | | <input checked="" type="checkbox"/> check if TTY | |
| Home Address | | | | | | | |
| City, State & Zip Code | | | | | | | |
| Email address | | | | | | | |
| Title of Document Requested: | | | | | | | |
| Document published by/or for Agency: | | | | | | | |
| Agency Contact Person's Name: | | | | Title | | | |
| Office Phone # | | | | Email address: | | | |
| <input checked="" type="checkbox"/> check format needed: ASCII File (size): | | Braille | | Large Print | | | |
| | | 3 ½ diskette | | Compact Disk (CD) | | | |
| | | LD diskette | | Adobe PDF | | | |
| Requested Delivery Date: | | | | | | | |
| Account to be charged for materials and labor (if any): | | | | | | | |
| <input checked="" type="checkbox"/> check delivery by: | | Email | | Mail Free Matter for the Blind | | | |
| | | Pick Up on: | | Interdepartmental Mail | | | |
| | | Date | | Time of day | | | |
| Comments / Special Requests: | | | | | | | |
| Return form to the Alternate Document Reproduction Center (ADRC) | | | | | | | |
| for: | | | | at the: | | | |
| Copies of legislation, laws, executive orders and public documents produced by agencies housed in the State House. | | | | Secretary of State / State House Library / Public Documents Center State House, Providence, RI 02903 | | | |
| Copies of all other state information. | | | | Department of Administration / Library & Information Services One Capitol Hill, Providence, RI 02908 | | | |
| <i>Or emailed this form to disabilities@gcd.ri.gov if signed with an electronic signature or mail to the:</i> RI Governor's Commission on Disabilities John O. Pastore Center, 41 Cherry Dale Court Cranston, RI 02920-3049 <i>and keep a copy of the completed form for you records</i> | | | | | | | |