

# ACCESSIBILITY ACCOMMODATION FORM



IF YOU REQUIRE AN ACCOMMODATION FROM TARION TO ACCESS OUR SERVICES, PLEASE COMPLETE THE APPLICABLE INFORMATION BELOW AND SUBMIT THE REQUEST TO:

**Mail or Delivery:**

Tarion  
Director, Customer Services  
5160 Yonge Street, 12<sup>th</sup> Floor  
Toronto, ON M2N 6L9

**E-mail:**

customerservice@tarion.com

If you are a **Homeowner**, please fill in the following sections.

**Home Identification Information**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Possession (YYYY/MM/DD)	Vendor/Builder Name or #	Enrolment #	Case #

**Address**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Number	Street Name	Condo Suite # (if applicable)
<input type="text"/>	<input type="text"/>	
City/Town	Postal Code	

**Contact Information**

<input type="text"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	<input type="text"/>
Daytime Phone Number	Evening Phone Number
<input type="text"/>	<input type="text"/>
Fax Number	E-mail Address

For additional information about new home warranty protection, visit our website at [www.tarion.com](http://www.tarion.com) or call us at 1-877-9TARION (1-877-982-7466).

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If you are a **Vendor/Builder**, please fill in the following sections.

<b>Vendor/Builder Information</b>	
<input type="text"/>	
Vendor/Builder Name or #	
<b>Contact Information</b>	
<input type="text"/>	<input type="text"/>
First Name	Last Name
<input type="text"/>	<input type="text"/>
Daytime Phone Number	Evening Phone Number
<input type="text"/>	<input type="text"/>
Fax Number	E-mail Address

Please briefly describe the nature of the disability and how it may impact your access with Tarion.

Please clearly explain the accommodation you are requesting from us.

For privacy reasons, Tarion will not share the information on this form with others (such as the vendor and builder or homeowner, as applicable), without your permission.

Please check here to allow us to share this information.

<input type="text"/>	<input type="text"/>
Signature	Date of Signature (YYYY/MM/DD)