



Accessibility application — home services

Surname		First name(s)	
Street address		City/town	
Province	Postal code	Telephone number	
Other contact numbers			

Exemption or discount (check the appropriate box)

<input type="checkbox"/> Directory assistance exemption for motion disability	CNIB registration number (if available)
<input type="checkbox"/> Directory assistance exemption for visual disability	
<input type="checkbox"/> Directory assistance exemption for hearing or speech disability	

Visually impaired bill format (check one box only)

Please provide me with an additional TELUS bill and inserts in the following format.
<input type="checkbox"/> Braille (Grade 1)
<input type="checkbox"/> Large print
<input type="checkbox"/> Audio
<input type="checkbox"/> eText

Note: TELUS will provide statements in the above-specified alternate format within 2 months of receiving your **completed** application.

Special instructions

Consent and waiver

The undersigned customer hereby consents to the disclosure by TELUS to third party Service Providers of customer's billing information for the number(s) listed below, for the purpose of generating bills in an alternate format. The undersigned customer has asked TELUS to send billing data over the Internet and agrees that TELUS will not be responsible for any release, loss or damage customer-related to the transmission of such data.

Phone number(s): _____ Client signature: _____

Section to be completed by a medical practitioner or an authorized official

Surname and first name of medical practitioner or authorized official		Title/position
Name of organization		Contact telephone number
Street address		
City/town	Province	Postal code

Reason for application

I hereby attest that the information provided on this application is correct.

Signature of medical practitioner or authorized official

Please mail, fax, or email the completed application form to TELUS.

TELUS Communications Company
Attention TELUS Accessibility Application
PO BOX 7575
Vancouver, B.C.
V6B 8N9

Fax: **1-866-358-4541**

Email: LegalDocuments@telus.com