



Accessibility Services Request Form

Please fill in the form and email it to iacas@premium.co.il, no later than February 20, 2019.

Last Name - _____ First Name - _____

Gender - Male / Female

Cell Phone Number - _____ Email Address - _____

Vehicle Registration Plate Number - _____

Accessibility Services required:

- Linguistic Simplification
- Live Transcription
- Translation to Sign Language
- Assistive Listening Devices / Sound Amplifiers
- Accessible Parking
- Accessible Parking for a Tall Vehicle
- Special Seating Arrangements:
 - Accessible Adjusted Seat (with arms)
 - Reserved Space for a Wheelchair
 - Personal Seating Aide
 - Reserved Space for a Service Animal / Dog
- Other (please detail):
