

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

**Fax:**

416-229-3252

**E-mail:**

patty.lutz@tarion.com

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

**Home Identification Information**

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Date of Possession (YYYY/MM/DD)

Vendor/Builder Name or #

Enrolment #

Case #

**Address**

Street Number

Street Name

Condo Suite # (if applicable)

City/Town

Postal Code

**Contact Information**

First Name

Last Name

 ( ) - 

Daytime Phone Number

 ( ) - 

Evening Phone Number

 ( ) - 

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.

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## Vendor/Builder Information

Vendor/Builder Name or #

## Contact Information

First Name

Last Name

Daytime Phone Number

Evening Phone Number

Fax Number

E-mail Address

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

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Please clearly explain the accommodation you are requesting from us.

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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 if you do not want us to share this information with your builder.

Signature

Date of Signature (YYYY/MM/DD)