

## Request to Adapt or Reproduce Materials of KFL&A Public Health

---

Title of KFL&A Public Health material(s): \_\_\_\_\_

Describe how the material(s) will be adapted and/or reproduced and the purpose for its use:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Request made by: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I require an electronic copy:  Yes  No

Please return the completed form to: Kris Millan, Manager, CQI and Central Resources

Fax: 613-549-7896

Mail: KFL&A Public Health  
221 Portsmouth Avenue  
Kingston, ON K7M 1V5

---

### *Internal Use*

Request Approved  Request Approved with Conditions  Request Denied

Explanation (if necessary): \_\_\_\_\_

\_\_\_\_\_

Director/manager: \_\_\_\_\_ Date: \_\_\_\_\_

Contact person for material: \_\_\_\_\_

Electronic copy sent by: \_\_\_\_\_ Date: \_\_\_\_\_