

Please complete this form and return it to communications@oahpp.ca

Request for Permission to Reproduce/Adapt PHO Materials

Requestor Information – To be completed by the Requestor

Requestor Name: Title:

Organization:

Address:

Phone #: E-mail:

Do you intend to use the requested materials for commercial or profit-related activities?

Yes No

Material(s) to be adapted (insert URL or attach relevant document):

Please describe the intended use of the materials:

Please describe in detail how the work will be adapted: