SaskTel Accessibility Services Application

Instructions:

Please print and Send this completed form to:

Mail:
SaskTel
1503 Fletcher Road
Saskatoon, SK S7M 5S5

Email:
crcsales.admin@sasktel.com

Completed by Applicant

Name of Applicant _____ Date _____

Address _____ City/Town _____ Postal Code _____

Health Card Number _____

Name of Billed Customer _____ Phone Number _____

Cell Phone Number _____

Name of Contact _____ Phone Number _____

Please check the service/equipment requested and have diagnosis completed by the appropriate person.
(The Applicant is responsible for any charges related to the diagnosis.)

Sight

☐ Speed Call 8 ☐ Speed Call 30

☐ Landline Phone ☐ Cell Phone

Motion

☐ Speed Call 8 ☐ Speed Call 30

☐ Landline Phone ☐ Cell Phone

Hearing

Doctor/Audiologist: ☐ Telewriter (TTY) ☐ 50% Toll Discount (TTY user only) ☐ Signaling Unit (TTY user only)

Speech

Doctor/Speech Therapist: ☐ Telewriter (TTY) ☐ 50% Toll Discount

Signature of Billed Customer _____

Completed by SaskTel

Service/equipment _____

SO number _____ SO due date _____ SR name _____ SR initials _____