

REQUEST FOR ACCOMMODATION

(to be filled out by person desiring an accommodation due to disability):

Date: _____

Name: _____

Address: _____

Telephone (day) _____ (evening) _____

City program, Activity or Position affected: _____

Date Desired (if applicable): _____

Description of Accommodation Requested: _____

Nature of Disability: _____

I hereby request the above accommodation and affirm that I am a qualified individual with a disability pursuant to the Americans With Disabilities Act.

Signature (Signature of Parent or Guardian if Applicant is under 18)

Note: Certification of disability from your physician may also be required

To be completed by City: _____ Case number: _____

Date received: _____ By: _____

Dept: _____

Forwarded to: _____ for investigation and action

by _____

Action taken: _____ Date: _____