

ADA Reasonable Accommodation form

Is this request related to a disability? Yes No

Request Information

What is your request?

- Wheelchair or mobility access
- Sign language interpretation
- Written material in large print
- Written material in braille
- Reader
- Accommodation for City employee at place of employment
- Other

Where is the change needed? _____

The name of the Township program, service, or activity where you need a change

If you have an address where the incident took place, please provide it here

Street Address _____

Street Address line 2 _____

City _____ State _____ Postal/Zip Code _____

Your Information

Name

First Name _____ Last Name _____

Email address _____

Home Address

Street Address _____

Street Address line 2 _____

City _____ State _____ Postal/Zip Code _____

Phone Number/TTP

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