## REQUEST FOR REASONABLE ACCOMMODATIONS

TRANSIT		Da	Date		
Name			Day Telephone Number		
Street/Mailing Address	City	l	State	ZIP Code	
Preferred Method of Contact  Day Phone Email USPS  Email Address					
Type of Event:  Public Meeting/Public Hearing Print Materials Other (Specify)				_	
Date of Event	and/or	Date N	Date Needed		
Type(s) of Accommodation:    Interpreter for deaf (Specify ASL, tactile)     Assistive listening device(specify)     Physical location accessible for persons     Other(Specify)     Other Type(s) of Assistance:   Limited English Proficency (specify lang     Other (specify)     Nature of Disability (Medical documentation     Physical Mobility Impairment (Specify:     Speech Impairment (specify)     Visual Impairment     Hearing Impairment (select one)     Other (specify)     List any special requests or anticipated problem.	guage) n may be require wheelchair, wal	ed.) ker, crutch	nes, etc.)		
Print Materials					
Alternative format you prefer? (Indicate first  Braille  Large print (font point size)  Other (specify)		Audio re CD/flash	cording-MP3		
For Office Use Only  The accommodation request is:  Granted as requested  Granted with change-see additional inf	_	nied-see a	dditonal inform	ation	