

REQUEST FOR REASONABLE ACCOMMODATIONS



Date

Name	Day Telephone Number
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Street/Mailing Address	City	State	ZIP Code
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Preferred Method of Contact <input type="checkbox"/> Day Phone <input type="checkbox"/> Email <input type="checkbox"/> USPS	Email Address
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Type of Event:
 Public Meeting/Public Hearing
 Print Materials
 Other (Specify) _____

Date of Event	and/or	Date Needed
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Type(s) of Accommodation:
 Interpreter for deaf (Specify ASL, tactile, etc.) _____
 Assistive listening device(specify) _____
 Physical location accessible for persons with a physical mobility concern
 Other(Specify) _____

Other Type(s) of Assistance:
 Limited English Proficiency (specify language)
 Other (specify) _____

Nature of Disability (Medical documentation may be required.)
 Physical Mobility Impairment (Specify: wheelchair, walker, crutches, etc.) _____
 Speech Impairment (specify) _____
 Visual Impairment
 Hearing Impairment (select one) Deaf Hard of hearing Deaf-blind
 Other (specify) _____

List any special requests or anticipated problems for accommodations.

Print Materials

Alternative format you prefer? (Indicate first, second, third choice if possible.)

<input type="checkbox"/> Braille	<input type="checkbox"/> Audio recording-MP3
<input type="checkbox"/> Large print (font point size) _____	<input type="checkbox"/> CD/flash drive
<input type="checkbox"/> Other (specify) _____	

For Office Use Only

The accommodation request is:

- Granted as requested
- Denied-see additional information
- Granted with change-see additional information