



APPLICATION FOR REASONABLE ACCOMMODATION  
(NON-EMPLOYMENT RELATED)

**This form is to be completed by or on behalf of a person desiring a reasonable accommodation due to a qualifying disability in accordance with the Americans with Disability Act (ADA).**

Name of person requesting accommodation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name and contact information of person completing form (if different):  
\_\_\_\_\_  
\_\_\_\_\_

1. What is the nature of the disability that requires the requested accommodation?
  
  
  
  
  
  
  
  
  
  
2. Describe the problem you are experiencing in participating in or benefitting from services, programs or activities of the City as a result of your disability?
  
  
  
  
  
  
  
  
  
  
3. What are you requesting that the City do to accommodate your disability in order to resolve the problem you are experiencing? (attach additional pages or documentation, if necessary)

\_\_\_\_\_  
Signature (Applicant or Authorized Representative)

\_\_\_\_\_  
Date