



**Americans with Disabilities Act (ADA)
Request for Accommodations and Response**

A. Contact Information

Date of Request: _____

Name of person needing ADA accommodation (Applicant): _____

Contact Name (if different from Applicant): _____ Relation to Applicant: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Fax Number: _____ Please list preferred contact method: _____

B. Request for Accommodation

1. Please specify the city department responsible for the program, service, activity, policy or communication:

2. Please specify the reasons you are requesting accommodation (check all that apply)

To allow me to participate in a program or activity offered by the City
Please specify the program or activity:

To ask for an exception to a rule, policy or procedure.
Please specify the rule, policy or procedure:

Other reasons, please specify (ex. The way a department communicates with you):

3. Describe the accommodation you are requesting:

- | | |
|--|--|
| <input type="checkbox"/> ASL interpreter | <input type="checkbox"/> Frequent breaks during proceeding |
| <input type="checkbox"/> Assistive listening device | <input type="checkbox"/> Large print materials |
| <input type="checkbox"/> Note taker | <input type="checkbox"/> Taped text |
| <input type="checkbox"/> CART (Computer-Aided Real-time Translation) | <input type="checkbox"/> Audio recordings |
| <input type="checkbox"/> Qualified readers | <input type="checkbox"/> Other: _____ |

4. Describe how this accommodation will assist you.

C. For city use only (Response to Request for ADA Accommodation):

1. The above request is **GRANTED**:

___ in whole and as follows (specify accommodations):

___ in part. As agreed to by the Applicant, alternative accommodations are as follows (specify the accommodations):

2. The above request is **DENIED** because

___ Applicant is not a qualified individual with a disability under the ADA.

___ The request for ADA accommodation creates undue financial or administrative burden on the city.

___ The request fundamentally alters (changes) the nature of the service, program or event (as defined by the ADA).

___ The city needs more information. Please contact the city's ADA coordinator at (503) 526-2200.

Print name: _____

Date: _____