



# 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

Date of program or activity: \_\_\_\_\_

Brief description of program or activity: \_\_\_\_\_

To ask for an exception to a rule, policy or procedure.

Please specify the rule, policy or procedure (if known): \_\_\_\_\_

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

\_\_\_\_\_

3. Describe the accommodation you are requesting:

ASL interpreter

Assistive listening device

Note taker

CART (Computer-Aided Real-time Translation)

Qualified readers

Other \_\_\_\_\_

Frequent breaks during proceeding

Large print materials

Taped text

Audio recordings

Material in Braille

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 an undue financial or administrative burden. Please describe how it creates an undue burden.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ 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) 526-220.

Print name: \_\_\_\_\_

Date: \_\_\_\_\_