



**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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**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: \_\_\_\_\_