

<u>Citizen Request for Reasonable Accommodation Form</u>

Date:	
Person Submitting Request:	Telephone:
Person the Request is for:	Telephone:
Address:	
accommodation are invited to present their reque	te in City programs, services, or activities and who need ests for accommodations to the City by completing this 09) 888-6203 at least 72 hours in advance of the event
☐ Community Activity	☐ Board/Council Meeting
Name of Activity	Date and Time of Meeting
Start Date of Activity/Service	Location of Meeting
Please describe your request for reasonable accorroom please feel free to attach additional pages.	mmodation and possible solutions. If you need more
Signature of Person Completing Request:	
(F	Print Name)