

City of Arlington Request for Accommodation

Date of Request: _____

Requests for accommodation should be submitted as far in advance as possible, but not later than 48 hours prior to the need for the accommodation.

CONTACT INFORMATION

Name of person needing ADA accommodation (applicant): _____

Contact Name (*if different from applicant*): _____

Relationship to applicant: _____

Mailing Address: _____

Phone: _____ Email: _____

Fax: _____ Preferred contact method: _____

REQUEST FOR ACCOMMODATION

Specify the reasons you are requesting an accommodation (select all that apply):

_____ To allow applicant to participate in a program, service, or activity

Department offering the program, service, or activity: _____

Name of program, service, or activity: _____

Date of program, service, or activity: _____

_____ To ask for an exception to a policy or procedure, please specify the policy or procedure if known: _____

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

Specify the accommodation(s) you are requesting:

- | | |
|---|---------------------------|
| _____ ASL Interpreter | _____ Material in Braille |
| _____ Assistive Listening Device | _____ Note Taker |
| _____ Audio recordings | _____ Qualified Readers |
| _____ CART (Computer-aided Real-time Translation) | _____ Taped text |
| _____ Frequent Breaks | _____ Use of OPDMD: _____ |
| _____ Large Print Materials | _____ Other: _____ |

Describe how this accommodation will assist you: _____

Applicant Signature

For City Use Only

This request for accommodation is **GRANTED**:

_____ In its entirety as follows (specify the accommodations to be made): _____

_____ In part and as agreed to by the applicant, accommodations are as follows (specify
The accommodations to be made): _____

The request is **DENIED**:

_____ Applicant is not a qualified individual with a disability under the ADA.
_____ The request creates an undue financial or administrative burden, as determined by
the head of the department responsible for the program, service, or activity.
Describe how it creates an undue burden: _____

_____ The request fundamentally alters the nature of the program, service, or activity.
Describe how it is fundamentally altered: _____

City Representative

Date

FOR ADA COORDINATOR USE ONLY

Date Received by ADA Coordinator: _____

ADA Concern Tracking No.: _____

