

## **APPENDIX K: Requests for Accommodation**

As requests are made, they will be processed and added to this section. The current Request for Accommodation form is on the next page.

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## Town of Zionsville, Indiana

### ADA Title II Request for Reasonable Accommodation Form

**Instructions:** If you are completing this form for another individual, please submit their contact information and the preferred method of contact. If you are the person who we should contact, please submit your information and your preferred method of contact. Submit to: ADA Coordinator, 1100 West Oak St., Zionsville, IN 46077, or via FAX to: 317-873-8021

Person Completing this Form:	<input type="checkbox"/> Citizen <input type="checkbox"/> Representative of Citizen
Today's Date:	

#### Citizen Contact information

Name:			
Street Address, Zip			
Telephone Number			
E-Mail Address			
Preferred Method of Contact:	<input type="checkbox"/> E-Mail	<input type="checkbox"/> Telephone	<input type="checkbox"/> Mail

#### Representative of Citizen Contact Information

Name:			
Street Address, Zip			
Telephone Number			
E-Mail Address			
Preferred Method of Contact:	<input type="checkbox"/> E-Mail	<input type="checkbox"/> Telephone	<input type="checkbox"/> Mail

#### Accommodation Information

Please Identify the Town department or office associated with the program, service, or activity:	
Please specify the program, service or activity you are seeking to participate:	
Accommodation you are requesting:	
How will this accommodation assist you?	

If you would like to include additional information, please provide that information and attach it to this form