



**ADA ACCOMODATION REQUEST**

Name of Person Requesting Accommodation: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Property Address: \_\_\_\_\_

1. What accommodation(s) are you requesting? Please explain.
  
  
  
  
  
  
  
  
  
  
2. How will your requested accommodation(s) help you?
  
  
  
  
  
  
  
  
  
  
3. To your knowledge, does your request for accommodation(s) conflict with any Village/Town ordinance or policy?
  
  
  
  
  
  
  
  
  
  
4. Your request will be forwarded to the Village/Town's ADA Coordinator, and you will receive an acknowledgement response shortly. Do you need your requested accommodation(s) by a specific date?

Signature of the Requestor: \_\_\_\_\_ Date: \_\_\_\_\_