Established 1843
Somers
VILLAGE & TOWN
www.somers.org
P.O. Box 197, Somers, WI 53171 • PH: (262) 859-2822 • FAX: (262) 859-2331

ADA ACCOMODATION REQUEST

Please email request to JHurley@somerswi.gov or fax or mail it to the ADA Coordinator & Administrator at the fax number or address listed above.

Name: _____ Date:_____

Telephone Number:_____ Email Address:_____

Preferred Contact Method: __ Phone __ Email __ Mail __

__ Other: _____

Address:_____

1. Program. service, activity or event of the Village requiring reasonable accommodation (examples: Village Board meeting; public park event of Somers; ordinance; municipal court):

2. Date, time, and location of event/service requiring accommodation:

   - Date: _____
   - Time: _____
   - Location/Facility: _____

     _____

3. Type of accommodation requested (check all that apply):

__ Communication / auxiliary aid __ Sign language interpreter (ASL) __ Assistive listening device __ CART (real-time captioning) __ Other: _____	__ Alternate document formats __ Large print __ Braille __Accessible digital file (PDF or Word) __ Other: _____

3. Type of accommodation requested (check all that apply) - CONTINUED

__ Facility / Physical Accessibility __ Wheelchair accessible seating __ Accessible parking __ Accessible entry route __ Other: _____	__ Other service or policy modification: _____ _____ : _____ _

4. Additional description or instructions to help the Village satisfy your request:

The Village/Town of Somers does not discriminate on the basis of disability in its services, programs or activities.

Requests for accommodation should be submitted as far in advance as possible and no later than five business days before the scheduled event or service to allow adequate time to analyze request, logistical demands, and ability to provide requested accommodation. The Village/Town of Somers strives to accommodate requests but sometimes must deny a request because it poses an undue burden or would fundamentally alter the service, program, activity or event of the Village/Town of Somers.

Signature of Requestor:_____Date:_____

For Use of ADA Coordinator Only

1. Date request received: _____
2. Action Taken:
   a. __ Accommodation approved. Communicated on _____. Steps taken:

   b. __ Alternate accommodation communicated on _____. Description:
      .
      i. Requester __ accepted alternate __ rejected alternate
      ii. If accepted, steps taken:

   c. __ Accommodation denied on _____. __Undue burden __ Fundamental alteration __ Other:

      Explanation:

ADA Coordinator Signature Date