



## REASONABLE ACCOMMODATION REQUEST FORM

1. Do you have a disability as defined by the Federal Fair Housing Amendments Act (42 U.S.C. 3601, et. seq.) (FHA) and Title II of the Americans with Disabilities Act (42 U.S.C. Section 12131, et. seq.) (ADA)?

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2. From what ordinance, rule, policy or procedure are you requesting a specific accommodation?

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3. What are the facts and legal basis for requesting such a reasonable accommodation?

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4. What specific accommodation are you requesting?

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5. How will the specific accommodation assist you?

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6. Please attach any additional information that might be useful.

Medical records or information may be required by the Director of Planning and Development Services in order to make a determination. If such records or information is required, the City shall treat such medical information as confidential to the extent allowed by law.

I hereby certify that I have a disability as defined by the Federal Fair Housing Amendments Act (42 U.S.C. 3601, et seq.) (FHA) and Title II of the Americans with Disabilities Act (42 U.S.C. Section 12131, et. seq.) (ADA).

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Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date