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

___ Assistive Listening Device

___ Audio recordings

___ CART (Computer-aided Real-time Translation)

___ Frequent Breaks

___ Large Print Materials

___ Material in Braille

___ Note Taker

___ Qualified Readers

___ Taped text

___ Use of OPDMD: ____________________________

___ 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.: _______________________