



APPENDIX I

ADA CITIZEN REQUEST FOR ACCOMMODATION

DATE: _____

PERSON REQUESTING ACCOMMODATION: _____

ADDRESS: _____
Street/Mailing City State Zip Code

TELEPHONE: _____
Mobile Other

REQUEST IS MADE ON BEHALF OF MYSELF: YES _____ NO _____

If request is made on behalf of another person, please provide the name of the person on whose behalf the request is submitted:

Name: _____

Address: _____

Telephone: _____

Individuals with disabilities who wish to participate in City programs, services or activities and who need an accommodation in order to do so are invited to present their Requests for Accommodation to the City by completing this form or by calling (843) 280-5575.

Please indicate the type of accommodation you are requesting below:

1. Community Services

Name of Activity or Service: _____

