

REASONABLE REQUEST FOR ACCOMMODATION

Date: _____ Name: _____

Street Address: _____

City: _____ ST: _____ Zip: _____

Phone (day): _____ Phone (night): _____

Email: _____ Preferred Method of Contact: _____

Accommodation Request

1. Please specify the city department responsible for the program, service, activity, policy, or communication for which you seek accommodation:

2. Please specify the reasons you are requesting accommodation (check all that apply):

To allow me to participate in a program or activity offered by the department. Please specify the program or activity:

To ask for an exception to a rule, policy, or procedure. Please specify the rule, policy, or procedure:

Other reasons, please specify (for example, the way that a department communicates with you):

3. Please describe the accommodation you are requesting:

4. Please describe how this accommodation will assist you (attach additional pages as needed):

Thank you for completing this form. Your request will be acknowledged within five business days and you will be notified of what steps the City of Salem will take to address your request. Should you be unsatisfied with the response to your request, you may appeal to the ADA Coordinator, at 503-540-2371 / (TDD/TTY) 503-588-6439 or humanrights@cityofsalem.net. For information on requesting a reasonable accommodation or reporting an ADA concern, please visit:

www.cityofsalem.net/HumanResources

DEPARTMENT TO COMPLETE

Log No.: _____ Date Received: _____ Dept. Representative: _____