City of Phoenix

REQUEST FOR ACCOMMODATION FORM
(To be completed by person desiring an accommodation due to disability)

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE: (Day)_____ (Evening) _____

CITY PROGRAM, ACTIVITY or POSITION AFFECTED: _____

DATE DESIRED: (if applicable) _____

DESCRIPTION OF ACCOMMODATION REQUESTED: _____

_____

_____

NATURE OF DISABILITY: _____

I hereby request the above accommodation and affirm that I am a qualified individual with a disability pursuant to the Americans with Disabilities Act.

_____ _____

Signature (Type name or initials here)

Signature of Parent or Guardian/Applicant Representative (If applicant is under 18 years of age)

NOTE: Certification of disability from your physician may also be required.

Alternative means of requesting an accommodation, such as personal interviews, will be made available to persons with disabilities upon request. Send your completed form to:

City of Phoenix Equal Opportunity Department
Attn: Marquita Beene
200 W. Washington Street, 15th Floor
Phoenix, Arizona 85003
marquita.beene@phoenix.gov