



# 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: Ira McCullough

200 W. Washington Street, 15<sup>th</sup> Floor

Phoenix, Arizona 85003

[ira.mccullough@phoenix.gov](mailto:ira.mccullough@phoenix.gov)

