

## Reasonable Accommodation Request

Date: \_\_\_\_\_

My name is: \_\_\_\_\_

I am writing this letter to request a reasonable accommodation under the Americans with Disabilities Act (28 CFR §35.160(a)(1)). A public entity shall take appropriate steps to ensure that communications with applicants, participants, members of the public, and companions with disabilities are as effective as communications with others.

My current contact information is:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_

The reasonable accommodation I am requesting is: \_\_\_\_\_

Please detail the reasonable accommodation you are requesting. Please make the request and provide as much information as possible about how and why this accommodation will help you understand interactions with the provider.

Thank you for considering my request. If you have any questions, please contact me.

\_\_\_\_\_  
Consumer Signature

\_\_\_\_\_  
Date