

CITY OF OPELIKA
ACCOMMODATION REQUEST FORM

The City of Opelika is an equal opportunity employer and does not unlawfully discriminate on the basis of race, sex, religion, age, national origin, veteran status, or disability. This form is used to submit requests for accommodations needed for programs and/or facilities for individuals with disabilities. This document must be completed and submitted no later than 72 hours prior to the date of the scheduled event, in order for a request for accommodation to be considered. If you need assistance in completing this form, please contact the ADA Coordinator at hr@opelika-al.gov, or at 334-705-5130. Every request for accommodation will receive individual consideration on its own facts and circumstances.

Name: _____

Address: _____

Contact Phone Number: _____

Email Address: _____

Accommodation Requested: Please specify the accommodation that you believe would be reasonable and would effectively accommodate your disability. If there are other possible alternative accommodations, please list them as well.

Signature: _____ Date: _____

Collection of this information is to help the City of Opelika improve access to City employment, facilities, programs, and services for everyone. The information provided will be used for that purpose, and may be shared with City staff in their official capacity.

You will receive an initial notification regarding the City's receipt of this request and any initial follow up action or information required within two business days. Thank you for your interest in making the City of Opelika the safest and most family and business friendly city in America.