



DISABILITY ACCOMMODATION REQUEST FORM

This form may be used by a citizen or guest of Opelika to request an accommodation for a city program, service or activity. The City of Opelika will provide a reasonable accommodation unless doing so will fundamentally alter the nature of the city's service, program or activity or impose an undue financial or administrative burden on the city.

Please submit this completed form 72 hours in advance of the public service, program or activity.

Address: City of Opelika, ADA Coordinator **or via Email:** ADA@opelika-al.gov
P.O. Box 390 Opelika, AL 36803-0390

<p>Person Requesting Reasonable Accommodation</p> <p>Name of Requesting Individual: _____</p> <p>Address: _____</p> <p>Telephone - Home: _____ Cell: _____ Email: _____</p>
<p>Person Making Request (if other than person who needs the accommodation)</p> <p>Name: _____</p> <p>Relationship to person requesting accommodation: _____</p> <p>Address: _____</p> <p>Telephone - Home: _____ Cell: _____ Email: _____</p>
<p>State the City of Opelika service, program or activity that is the subject of your request:</p> <p>_____</p> <p>_____</p>
<p>What are the functional limitations (i.e., what activities does your disability limit?)</p> <p>_____</p> <p>_____</p>
<p>I am requesting the following accommodation(s):</p> <p><input type="checkbox"/> Wheelchair Access or Mobility Impairment Accommodation</p> <p><input type="checkbox"/> Modification of Policy or Procedures</p> <p><input type="checkbox"/> Assistive Listening Device</p> <p><input type="checkbox"/> Written Material in Alternate Format</p> <p><input type="checkbox"/> Sign Language Interpreter</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p>
<p>Please provide any additional details that may support or assist in the accommodation process:</p> <p>_____</p> <p>_____</p>

If you have any questions or require assistance with this form, please contact the Opelika ADA Coordinator at (334)-705-2083 or email at ADA@opelika-al.gov.