

City of Emporia

Request for Disability Accommodation

The form may be used by anyone who wishes to request an accommodation on the basis of disability in employment practices and policies or the provision of services, activities, programs or benefits by the City of Emporia. Please make requests at least 48 hours before an event.

Date of request: _____

Name of person needing an accommodation due to a disability: _____

Contact information of the person making the request:

Address: _____

e-mail address: _____ Phone #: _____

Date when accommodation is needed: _____ Event: _____

Location where accommodation is needed: _____

What accommodation is needed: _____

Signature: _____ Date: _____

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(for City use)

Please check one:

_____ this accommodation request was addressed by City Employee: _____

_____ this accommodation request needs to be addressed by the ADA Coordinator

Employee and department to contact regarding this accommodation request: _____

Action taken: _____

Signature: _____ Date: _____

Please return completed form to: Patty Gilligan, ADA Coordinator, City of Emporia, 521 Market Street, Emporia, KS 66801, FAX 620-341-4337, Phone 620-343-4291, pgilligan@emporia-kansas.gov

If you need this form in an alternative format such as large print or Braille, please contact the ADA Coordinator listed above.