CLARA CITY Minnesota

WHERE STATE HIGHWAYS 7 & 23 MEET

CITY OF CLARA CITY

REQUEST FORM FOR REASONABLE ACCOMMODATION

Return to: City Clerk
City of Clara City
215 1st St. NW
P.O. Box 560
Email: cityclerk@hcinet.net

Name (please print) _____ Date_____

Address_____

Phone_____ Email_____

Preferred Method of Communication_____

Please identify in which category you need an accommodation:

- Architectural: Please select for accommodations regarding physical accessibility, such as entrances/exits, bathrooms, etc.
- Programs and Services: Please select for accommodations regarding programs, activities, or service access, such as public meetings, recreational events, etc.
- Communication: Please select for accommodations regarding communications, such as where you would like materials provided in an alternative format.

ACCOMMODATION REQUESTED

Please identify and describe the specific accommodation you are requesting.

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Please provide any additional information, if necessary, which may help in processing your request or any suggestions on how the requested accommodation(s) can be provided. (Attach additional pages as needed.)

_____

_____

_____

_____

Signature _____ Date _____

Internal use only

Date received: _____

Received by: _____

Final disposition of accommodation request (e.g., approved, denied, or modified). If modified, describe modifications and give rationale. If denied, give rationale (attach additional pages as needed).

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