

CITY OF CLARA CITY
Family Living on the Crossroads of the Prairie

REQUEST FORM FOR REASONABLE ACCOMMODATION

Return to: City Administrator
City of Clara City
215 1st St. NW
P.O. Box 560
Email: CityofCC@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.

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).
