



## City of Memphis ADA Request for Reasonable Accommodation

**Instructions: Please fill out this form completely. The form may be mailed or submitted at the address at the bottom of the page.**

Date:	<input type="checkbox"/> Citizen <input type="checkbox"/> Representative of Citizen <input type="checkbox"/> Other: _____	
<b>Reporting Individual Contact Information</b>		
Name:		
Address:		
Telephone Number:		
Email Address:		
Preferred Method of Contact: <input type="checkbox"/> Email <input type="checkbox"/> Telephone <input type="checkbox"/> Mail		
<b>Service, Program or Facility Requiring Accommodation</b>		
Name of Program, Service or Facility:		
Date of Incident or Discovery:		
<b>Describe the accommodation you are requesting (please use additional attachments as necessary):</b>  <div style="height: 100px;"></div>		
<b>Response or Action Taken (for City of Memphis use only):</b>		<b>Date of Response or Action:</b>
<b>Signature of Reporting Individual:</b>  <div style="height: 40px;"></div>		

*Please mail or submit to ADA Coordinator, City of Memphis 3720 Knight Arnold Road Memphis, TN 38118*