



## Citizen ADA Accommodation Request

### Instructions

Individuals with disabilities who wish to participate in City programs, services, or activities and who need an accommodation in order to do so, are encouraged to submit their request for a reasonable accommodation to the City by completing this Citizen ADA Accommodation Request form or by calling 704-920-4 312. Please complete this form in its entirety and return it to the City of Kannapolis Human Resources Department using the contact information listed on this form.

If you are unable to complete this form due to a disability or need additional information, please contact the City's ADA Coordinator at 704-920-4 312 for assistance.

#### **RETURN FORM TO:**

City of Kannapolis  
Human Resources Department

**Attn: ADA Coordinator**

401 Laureate Way  
Kannapolis, NC 28081

**Phone:** 704-920-4 312

**Email:** ADACoordinator@kannapolisnc.gov

### Confidentiality

Information contained on this form will be classified as **CONFIDENTIAL** to the extent permitted by law. Information obtained or generated in the processing of the accommodation request may be released to individuals in City departments or agencies participating in the evaluation or provision of the accommodation requested.

### **Requestor:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Request is made on behalf of myself: Yes  No

If this request is being made on behalf of another person, please provide the name of the person on whose behalf the request is being submitted. \_\_\_\_\_

1. Is the accommodation request related to a City event, program, or accessibility issue?

Yes  \_\_\_\_\_

Event/Program Name: \_\_\_\_\_

Event/Program Date: \_\_\_\_\_

Accessibility Issue: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No:  \_\_\_\_\_

Please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. What is the barrier which prevents you from participating or the nature of your request?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Describe the specific accommodation that you are requesting:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of Person Completing Request:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_