

City of Richmond

**Title II of the Americans with Disabilities Act Section 504 of the Rehabilitation Act of 1973
Request for Reasonable Accommodation**

Section 1

Person Requesting Accommodation:

Street Address:

City, State and Zip:

Home Telephone:

Business Telephone:

Person completing form (If other than the concerned):

Street Address:

City, State and Zip:

Home Telephone:

Business Telephone:

Section 2

Accommodation Requested. *(Be as specific as possible, e.g., adaptive equipment, reader, interpreter)*

Section 3

Reason for Request. *(If accommodation is time sensitive, please explain)*

Signature:

Date:

Submit the REQUEST FOR REASONABLE ACCOMMODATION form with the Department of Human Resources,
ADA Coordinator, 900 East Broad Street, 9th floor -Room 902, Richmond, VA 23219