



City of New Castle, Indiana

ADA Title II Request for Reasonable Accommodation Form

Instructions: If you are completing this form for another individual, please submit their contact information and the preferred method of contact. If you are the person who we should contact, please submit your information and your preferred method of contact.

Person Completing this Form:	☐ Citizen ☐ Representative of Citizen
Today's Date	
Citizen Contact information	
Name	
Street Address, Zip Code	
Telephone Number	
E-Mail Address	
Preferred Method of Contact	☐ E-Mail ☐ Telephone ☐ Mail
Representative of Citizen Contact Information	
Name	
Street Address, Zip Code	
Telephone Number	
E-Mail Address	
Preferred Method of Contact	☐ E-Mail ☐ Telephone ☐ Mail
Accommodation Information	
Please Identify the City department or office associated with the program, service, or activity:	
Please specify the program, service or activity you are seeking to participate:	
Accommodation you are requesting:	
How will this accommodation assist you?	
If you would like to include additional information, please provide that information and attach it to this form	