

Request for a Reasonable Accommodation Form

Name: _____

Date: _____

Address: _____

Phone: _____

As a result of a disability, I am requesting a reasonable accommodation for a:

- Change in a policy
- Change in a practice
- Change in a procedure
- Change in an amenity

Please specify the policy, practice, procedure, or amenity for which you are requesting a reasonable accommodation:

Please specify the reasonable accommodation you are seeking for the policy, practice, procedure, or amenity listed above:

Verification of Need:

You MAY be asked to allow us to verify the need for this accommodation. If so, you will be provided with the applicable form and any information obtained will be kept completely confidential and used solely to determine that the accommodation is needed.

Providing the Accommodation:

If we cannot provide this accommodation immediately, an answer to this request will be provided within 10 working days. If you do not agree with the answer, you may appeal it to:

The City of Watertown-City Manager
245 Washington Street, Suite 302
Watertown, NY 13601
(315)785-7732

