



REASONABLE ACCOMMODATION REQUEST FORM

The City of Coral Gables welcomes individuals with disabilities (residents and visitors) and is committed to its policy of inclusion in the City’s services, programs and activities and to complying with the Americans With Disabilities Act (“ADA”), the Florida Civil Rights Act and related laws. Consistent with this commitment, the City will provide reasonable accommodations to an individual with a disability, unless doing so would fundamentally alter the nature of the City’s service, program or activity, or impose an undue financial or administrative burden on the City.

If you are an individual with a disability and would like to request an accommodation, please complete this form. If you need assistance in completing this form, need the form in an alternative format (such as a larger font), or need to submit the form in an alternative format (such as a personal interview or by audio recording), please contact the City’s ADA Coordinator. The ADA Coordinator’s contact information is located at the end of this form and on the City’s website under “ADA Notice.”

The City will review the information you provide in this form and contact you if more information or documents are needed to evaluate your request. If the City requests more information or documents, the City asks that you submit them as soon as possible to avoid a delay in responding to your accommodation request.

PLEASE FILL OUT COMPLETELY

<p>Person Requesting Reasonable Accommodation Name of Requesting Individual: _____ Address: _____ Telephone - Home: _____ Cell: _____ E-mail Address: _____</p>
<p>Person Making Request (if other than person who needs the accommodation) Name: _____ Relationship to person requesting accommodation: _____ Address: _____ Telephone - Home: _____ Cell: _____ E-mail Address: _____</p>
<p>What are your functional limitations (i.e., what activities does your disability limit)? _____ _____ _____</p>

Name of City service, program or activity that is the subject of your accommodation request: _____

Describe the accommodation(s) you are requesting. Be specific as possible.

NOTE: If you are deaf or hard of hearing and are requesting an interpreter, please specify the type of interpreter (i.e., American Sign Language interpreter (ASL), signed English, Communication Access Real Time Translation (CART), or other)

How will your requested accommodation(s) enable you to attend or participate in the City's service, program or activity? Be as specific as possible:

Please provide the date the accommodation is needed (if applicable): _____

If you have spoken with any City employees about your requested accommodation(s) prior to submitting this form, please identify the date(s) and list those employees' names (if known):

Provide any other information relevant to your request: _____

Have you previously filed a request for a reasonable accommodation with the City of Coral Gables?	Yes	No
If yes, please state the date of the request(s): _____		

I certify that the statements provided in this request form, and any attachments, are true and correct.

Signature

Date

Please submit this form to the City's ADA Coordinator:

Raquel Elejabarrieta, Esq.
ADA Coordinator
2801 Salzedo Street, room 224
Coral Gables, FL 33134
E-mail: ada@coralgables.com
Telephone (voice): 305-722-8686
TTY/TDD: 305-442-1600

If information is needed in another language, please contact the ADA Coordinator.