

# City of Scottsdale

## Request for Accommodation by Person with Disabilities (and Response)

**Requestor's Name:** \_\_\_\_\_ **Requestor's Phone Number:** \_\_\_\_\_

**Requestor's Address:** \_\_\_\_\_

Requestor is:  Employee  Resident  Advocate  Attorney  Party  Other: \_\_\_\_\_

If accommodation is for court case, specify case name and/or case number: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Request asks for accommodation under Title II of the Americans with Disabilities Act, as follows:

1. Type of proceedings or service, activity or program:  Criminal  Civil  
 Other: \_\_\_\_\_
2. Services to be covered or requested (e.g., service, program or activity):  
\_\_\_\_\_
3. Dates accommodation(s) needed: \_\_\_\_\_
4. Type of accommodation: \_\_\_\_\_  
\_\_\_\_\_
5. Reason for accommodation(s)-**see note below**: \_\_\_\_\_  
\_\_\_\_\_
6. Special requests or anticipated programs: \_\_\_\_\_  
\_\_\_\_\_

Requestor's Signature: \_\_\_\_\_

**Note to Question 5-The city requires documentation of the disability and the documentation must originate from qualified evaluators.**

1. Please submit the completed ADA request form and the documentation of the disability to the City of Scottsdale, ADA Coordinator, at [ada@scottsdaleaz.gov](mailto:ada@scottsdaleaz.gov) or mailed to City of Scottsdale/City Manager's office, 3939 N. Drinkwater Blvd., Scottsdale, AZ 85251, Attn: ADA coordinator.

### Response to Request for Accommodation

- |  |   |
|--|---|
| <input type="checkbox"/> The request for accommodation(s) is GRANTED.                                    | <input type="checkbox"/> The request for accommodation is DENIED because:       |
| <input type="checkbox"/> The request for accommodation(s) is GRANTED with alternative(s) as noted below. | <input type="checkbox"/> The requestor does not satisfy rule requirements       |
|  | <input type="checkbox"/> It would create an undue burden on the city; and/or    |
|  | <input type="checkbox"/> It would fundamentally alter the nature of the service |

**Remarks:** \_\_\_\_\_

**ADA Coordinator or Designee:** \_\_\_\_\_ **Date:** \_\_\_\_\_