

**REQUEST FOR REASONABLE ACCOMMODATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

1. The following member of my household has a disability

\_\_\_\_\_

2. Please provide the following change(s) so that this person can use City facilities or participate in the City's programs. Please be specific about what you need. You may use the other side of the form if necessary.

\_\_\_\_\_

3. I need this reasonable accommodation because:

\_\_\_\_\_

\_\_\_\_\_

4. You may verify the need for this request by contacting  
City Clerk/Treasurer  
301 N. Plymouth Ave  
New Plymouth, Idaho 83655  
208-278-5338

5. Please use this space to list any company or organization that might help us provide you with this request.

\_\_\_\_\_

I give you permission to contact the above individual for purposes of verifying that I or a family member needs the above request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date