APPLICATION FOR ACCOMMODATION

Name of Applicant:_____

Phone Number_____(home) _____(cell) _____(other)

Address_____

Email:_____

Service, activity, meeting, or program for which accommodations are requested: _____

_____

Date Preference: _____

Please describe reason for the accommodation: _____

_____

_____

Please describe the accommodation requested: _____

_____

By signing this Application, the Corporation, Organization or Individual ("Applicant") identified above agrees as follows:

1. The Applicant has a disability that is covered by the Americans with Disabilities Act ("ADA") and the Township's policy.

2. The Applicant acknowledges the Township's ADA policy.

Signature _____ Date _____

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