



**CITY OF
TALLAHASSEE**

ACCOMMODATION REQUEST FORM

The City of Tallahassee does not discriminate on the basis of disability in admission to, or operation of its programs, services, activities or facilities. This form may be used by individuals with disabilities and/or their companions seeking access to a City facility, program, service or activity.

ACCOMMODATION REQUEST INFORMATION

Name: _____ Telephone (or TTY): _____

Address: _____ Date: _____

The program or facility to which I am requesting access is located at:

I am requesting the following accommodation(s):

- Wheelchair Access
- Sign Language Interpretation
- Written Material in Alternate Format (Large Print, Computer Disc)
- Written Material in Braille
- Reader
- Modification of Policy Procedures
- Other

Please provide any other details or information necessary to process this request.

PLEASE RETURN THIS FORM TO:

Kathleen Wright, ADA/Title VI Coordinator

300 S. Adams St., Box A-13

Tallahassee, FL 32301

(850) 891-8266

(850) 891-0833 fax

Kathleen.Wright@talgov.com