

City of Maricopa  
**REQUEST FOR ACCOMMODATION FORM**

Members of the public who need a reasonable accommodation or modification to a program, service, or activity should submit this completed form, by mail or e-mail to the appropriate department.

To be completed by Requestor	Name:		Date of Request:		
	Phone:		E-mail:		
	I am a:	<input type="checkbox"/> Parent	<input type="checkbox"/> Participant		
	Type of Request:	<input type="checkbox"/> Modification			
	Location:				
	<p><b>Questions to clarify accommodation request</b></p> <p>1. What specific accommodation are you requesting?</p> <p>2. Provide a brief statement of why this accommodation is necessary?</p> <p>3. What date do you need this accommodation implemented?</p>				
Signature:				Date:	

**Please submit the completed form to the appropriate department.  
 For information or assistance in completing the form, please contact the appropriate department.**



**CITY OF MARICOPA**  
 CITY HALL  
 39700 W Civic Center Plaza,  
 Maricopa, AZ 85138  
**Tel: 520-568-9098**  
**www.maricopa-az.gov**

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA"), The City of Maricopa will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.