



REQUEST FOR ADA ACCOMMODATION

Date: _____

Customer Name: _____

Case ID: _____

Accommodation requested: _____

Reported disability: _____

Documentation of disability provided yes no

Documentation of disability: requested yes no

Date received _____

Accommodation request:

approved

denied

alternate accommodation offered _____

Rationale for decision: _____

Accommodation provided: _____

Date: _____

Staff Signature: _____