



REQUEST FOR ACCOMODATION FORM

Reporting Individual:

First Name:

Last Name:

Street Address or P.O. Box:

City:

State:

Zip Code:

Email Address:

Home Telephone Number:

Alternate Phone Number:

Service, Program or Facility Requiring Accommodation:

Name of Service/Program/Facility:

Street Address:

City:

State:

Zip Code:

Telephone Number:

Date of Incident or Discovery:

Describe the reason for the required accommodation (attach additional sheets if necessary):

Signature of Reporting Individual:

Date:

Please fill out this form completely, sign and send to:

City of Bradenton, ADA Coordinator

101 Old Main Street

Bradenton, FL 34205

Phone: (941) 932-9470

ADACoordinator@cityofbradenton.com

TTY: 7-1-1 or 1-800-955-8771

For services, events and activities, requests should be made no later than 48 hours before scheduled event.