CLAIM FORM RELATING TO DENIAL OF A LAKE HAVASU CITY REASONABLE ACCOMMODATION

This form is a claim against **Lake Havasu City, Arizona**. This form is to be completed by or on behalf of a person denied reasonable accommodation due to a qualifying disability in accordance with the Americans with Disabilities Act and Lake Havasu City Code 2.64. Complete this form in full, as it constitutes your claim against **Lake Havasu City**. You are advised that no representations made by you to any employee of **Lake Havasu City** is part of this claim unless you include it in the claim form, and that no representations made to you by any employee of **Lake Havasu City** can, in any way, waive any of the requirements of laws as to this report of your claim.

To: **LAKE HAVASU CITY, ARIZONA**

You are hereby notified of the following claim made upon you by the undersigned as a result of denial of a Lake Havasu City Reasonable Accommodation:

Name of Claimant:_____
Address:_____
_____
Telephone Number:_____

Description of alleged denial or dissatisfaction of a reasonable accommodation including but not limited to location, date of denial or dissatisfaction, persons involved, etc.:

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Return this completed form to:
Jaime Schulenberg, Lake Havasu City ADA Coordinator
2330 McCulloch Boulevard North
Lake Havasu City, AZ 86403
Phone: (928) 453-4143 Fax: (928) 453-4154 TDD: (928) 855-3945

Your request will be investigated and a determination made within 30 days of receipt in accordance with City Code 2.64.