LAKE HAVASU CITY
REQUEST FOR REASONABLE ACCOMMODATION

This form is to be completed by or on behalf of a person desiring a reasonable accommodation due to a qualifying disability in accordance with the Americans with Disabilities Act and Lake Havasu City Code 2.64.

Date of Request:_____

Name of Person Requesting Accommodation:_____

Address:_____

_____

Phone:_____

What is the nature of the disability that requires the requested accommodation?_____

_____

_____

_____

(Please provide medical certification of the disability from your physician.)

What is the problem you are experiencing as a result of your disability?_____

_____

_____

_____

What are you requesting that Lake Havasu City do to accommodate your disability in order to resolve the problem you are experiencing?_____

_____

_____

_____

(Your medical certification should address the need for an accommodation of this nature as a result of the qualifying disability.)

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.