



**CITIZEN CLAIM TO APPEAL DENIAL OF A  
LAKE HAVASU CITY REASONABLE ACCOMMODATION  
(NON-EMPLOYMENT RELATED)**

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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 Chapter 2.64. Complete this form in its entirety, as it constitutes your claim against **Lake Havasu City**. You are advised that no representation 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.

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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: \_\_\_\_\_

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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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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return this completed form to:**

Shirlee Palbicki, 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