



LAKE HAVASU CITY

CITIZEN REQUEST FOR REASONABLE ACCOMMODATION (NON-EMPLOYMENT RELATED)

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 Chapter 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 accommodation of this nature as a result of the qualifying disability.)

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