REQUEST FOR ACCOMMODATION FORM

Instructions: Please fill out this form completely, using black ink or typing. Sign and send it to the address at the bottom of the page. This form is available in alternate formats by request.

Reporting Individual:			
Name and Address:			
City, State, ZIP Code:			
Telephone Number(s)	Home:	Business:	Cell:
Service, Program or Facility Requiring Accommodation:			
Name of Service/Program or Facility:			
Address:			
City, State, ZIP Code:			
Telephone Number:			
Date of Incident/Discovery			
Describe the reason for requiring the requested accommodation (please feel free to use additional attachments as necessary):			
Action Taken (for Office Use):		**Date of Action:**	
Signature of Reporting Individual:		Date:	

***Please mail to*: ADA Coordinator, Town of Schererville, 10 East Joliet Street, Schererville, IN 46375**

For Office Use: File No._____ Date Received:_____ Received By: