



Americans with Disabilities Act Reasonable Accommodation Request Form

Date: _____ Name: _____

Street address: _____

City: _____ State _____ Zip Code: _____

Preferred Method of contact: _____

Email: _____

Phone (Day): _____

Please specify the program, service, activity, policy, or communication for which you are requesting an accommodation::

1. I am requesting an accommodation (please check all that apply):

to allow me to participate in a program or activity offered by the City of Early. Please specify the program or activity:

requesting an exception to a rule, policy, or procedure. Please specify the rule, policy, or procedure.

other - please specify (for example, the way that the City of Early communicates with you):

2. Describe the accommodation you are requesting:

3. Describe how this accommodation will assist you.
(Please attach additional sheets as necessary):

Return to: City of Early, A.D.A. Coordinator, 960 Early Blvd, Early, TX 76802. Email: bkilgo@earlytx.net

Thank you for completing this form. Should you be unsatisfied with the response to your request, you may appeal to the ADA Coordinator at (325) 643-5451 within 15 business days of receiving the response. For information on the Request for Reasonable Accommodation Process, please visit www.earlytx.net/Americans-with-Disabilities-Act