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**Request for Reasonable Modifications, Auxiliary Aids and Services, or Barrier Removal**

Members of the public who desire a modification to a City of Chandler program, policy, service, or facility or require auxiliary aids or services or barrier removal to provide an equitable opportunity for an individual with a disability to participate may make such a request directly to the City department responsible for the program, service, or facility involved or to the City's ADA Coordinator. A request for reasonable modification, auxiliary aids and services, or barrier removal may be made by letter, e-mail, phone call, or by using this form.	
*Date of Request:	
*Name of Requesting Party or Authorized Representative:	
*Street Address:	
*City, State, Zip code:	
*Phone:	Alternate Phone:
*Email:	
*Program, Facility, or Activity Involved or Location of Barrier:	
*Reasonable modification(s) and/or auxiliary aid(s) or service(s) requested:	
My disability impairs my ability to fully participate in the program/activity in the following way (check all that apply and/or describe):  <input type="checkbox"/> Mobility <input type="checkbox"/> Vision <input type="checkbox"/> Hearing/Communicating <input type="checkbox"/> Developmental/Behavioral <input type="checkbox"/> Other	

Please provide any details that may be important to reviewing this request:

I understand that my request will be reviewed and I may be requested to provide additional information before it is processed. I also understand that the City will make every effort to act on my request before the start of a program or activity but delays are possible, particularly when a request is made fewer than two weeks in advance.

*Signature:	*Date:
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**Attach additional pages as necessary.**

If you need assistance, require an accessible format, or have questions about this form, please contact ADA Coordinator, at [ada.coordinator@chandleraz.gov](mailto:ada.coordinator@chandleraz.gov), 480-782-3402 or 711 via AZ Relay Service (AZRS).

<b>INTERNAL USE ONLY - THE FOLLOWING IS TO BE COMPLETED BY CITY STAFF</b>	
Department: _____ E-mail: _____ Phone: _____	
Request for modification/aid/service is:	<input type="checkbox"/> Approved <input type="checkbox"/> Modified <input type="checkbox"/> Denied
Name and title of person(s) making decision: _____	
Description of Modification/Aid/Service Provided or Reason for Denial (attach backup or additional documentation as needed) <b>DENIALS MUST BE SUPPORTED BY A WRITTEN RATIONALE AND APPROVED BY THE DEPARTMENT DIRECTOR OR DESIGNEE.</b>	
Requester Notified:	Date: _____ By (name): _____
Via: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> In Person	
Signature:	Date:

Requesters with complaints about the decision should see the City of Chandler ADA Grievance Policy