

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):

Mobility

Vision

Hearing/Communicating

Developmental/Behavioral

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: _____

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, **480-782-3402** or **711 via AZ Relay Service (AZRS)**.

INTERNAL USE ONLY - THE FOLLOWING IS TO BE COMPLETED BY CITY STAFF

Department: _____ E-mail: _____ Phone: _____

Request for modification/aid/service is:

Approved Modified 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) **DENIALS MUST BE SUPPORTED BY A WRITTEN RATIONALE AND APPROVED BY THE DEPARTMENT DIRECTOR OR DESIGNEE.**

Requester Notified:

By (name): _____ Date: _____

Via:

Phone Email Letter In Person

Signature: _____ Date: _____

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