



**Disability-Related Request for Barrier Removal/  
Request for Reasonable Modification and/or  
Auxiliary Aids and Services**

<p>Members of the public who seek a modification to a facility, policy, practice, service, or program of the City of Chandler or require auxiliary aids or services in order 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 activity involved or to the City's ADA Coordinator. A request for barrier removal/request for reasonable modification/auxiliary aids and services may be made by letter, e-mail, phone call, or by using this form.</p>	
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:	
<p>My disability impairs my ability to fully participate in the program/activity in the following way (check all that apply and/or describe):</p> <p><input type="checkbox"/> Mobility    <input type="checkbox"/> Vision    <input type="checkbox"/> Hearing/Communicating    <input type="checkbox"/> Developmental/Behavioral  <input type="checkbox"/> Other</p>	

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, Jason Crampton 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