



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

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 or auxiliary aids and services 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):	
<p>Mobility Vision Hearing/Communicating Developmental/Behavioral</p> <p>Other (Describe):</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. COMPLETE FORM, PRINT, AND SIGN BEFORE SUBMITTING

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, **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:	<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). All denials must be supported by a written rationale and approved by Department Director, or designee.	
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 process should see the City of Chandler ADA Grievance Policy