



City of Wausau
 AMERICANS WITH DISABILITIES ACT (ADA) TITLE II
 REQUEST FOR REASONABLE ACCOMMODATION FORM

Instructions: If you are completing this form for another individual, please submit their contact information and the preferred method of contact. If you are the person who we should contact, please submit your information and preferred method of contact. Please submit this form to the City of Wausau's ADA Coordinator in the Human Resources Department.

Person Completing this Form:	<input type="checkbox"/> Citizen <input type="checkbox"/> Representative of Citizen
Today's Date:	
Citizen Contact Information	
Name:	
Street Address, Zip:	
Telephone Number:	
E-mail Address:	
Preferred Method of Contact: <input type="checkbox"/> E-Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Mail	
Representative of Citizen Contact Information	
Name:	
Street Address, Zip:	
Telephone Number:	
Email Address:	
Preferred Method of Contact: <input type="checkbox"/> E-Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Mail	
Accommodation Information	
Please identify the City department or office associated with the program, service, or activity:	
Please specify the program, service or activity you are seeking to participate:	
Accommodation you are requesting:	
How will this accommodation assist you?	

If you would like to include additional information, please provide that information and attach it to this form.

Signature of Citizen or Representative of Citizen

Date