



TITLE II AMERICANS WITH DISABILITIES ACT

**REQUEST FOR
REASONABLE ACCOMMODATION FORM**

Instructions: If you or someone you know requires auxiliary aids and/or services to participate in City of Buffalo sponsored programs, services, or activities, then please complete this form and return to the address on page 3.

The City of Buffalo does not charge a fee for providing auxiliary aids and/or services to enable someone with a disability to participate in a City of Buffalo program, service, or activity.

The Americans with Disabilities Act does not require the City of Buffalo to take any action that would fundamentally alter the nature of its programs, services, or activities, or impose an undue financial or administrative burden.

THIS FORM MUST BE SUBMITTED AT LEAST FIVE (5) WORKING DAYS PRIOR TO THE PROGRAM, SERVICE, OR ACTIVITY TO ENSURE ACCOMMODATION.

PERSON WHO REQUIRES ACCOMMODATION:

Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone (H) _____ (W) _____

What is the Nature of your Disability and how does it limit one or more major life activities? _____

INDIVIDUAL COMPLETING FORM:

(Complete ONLY if the form is being completed by a person other than the individual requiring accommodation)

Name _____

Title _____

Firm _____

Address _____

City _____ State _____ Zip _____

Telephone (H) _____ (W) _____

ACCOMODATION:

PLEASE DESCRIBE THE ACCOMMODATION THAT YOU ARE REQUESTING

WHAT IS THE NAME OF THE CITY OF BUFFALO DEPARTMENT RESPONSIBLE FOR THE PROGRAM, ACTIVITY, OR SERVICE?

WHAT IS THE NAME OF THE PROGRAM, ACTIVITY, OR SERVICE?

IS THE PROGRAM, ACTIVITY, OR SERVICE TAKING PLACE ON SPECIFIC DATE AND TIME? IF SO PLEASE SPECIFY WHERE AND WHEN.

ADDITIONAL SPACE _____

Signature _____ date _____

print name _____

RETURN TO:
MELISSA L. HOFFMAN
ADA COORDINATOR
ASSISTANT CORPORATION COUNSEL
CITY OF BUFFALO LAW DEPARTMENT
1100 CITY HALL
BUFFALO, NEW YORK 14202