



REASONABLE ACCOMMODATION REQUEST FORM

The City of Providence welcomes individuals with disabilities (residents and visitors) and is committed to its policy of inclusion in the City's services, programs and activities and to complying with the Americans With Disabilities Act ("ADA"), and related laws. Consistent with this commitment, the City will provide reasonable accommodations to an individual with a disability, unless doing so would fundamentally alter the nature of the City's service, program or activity, or impose an undue financial or administrative burden on the City. If you are an individual with a disability and would like to request an accommodation, please complete this form.

If you need assistance in completing this form, need the form in an alternative format (such as a larger font), or need to submit the form in an alternative format (such as a personal interview or by audio recording), please contact the City's ADA Coordinator. The ADA Coordinator's contact information is located at the end of this form and on the City's website under "ADA Compliance."

Name of person requiring accommodation:

Point of Contact (name and relationship):

Address:

Phone Number:

Alternate Contact Number (if any):

E-mail Address:

Name of Meeting/Event where Accommodation is Needed:

Location where Accommodation is Needed (Address and room number):

Date when Accommodation is Needed:

Time when Accommodation is Needed:

Type of Accommodation Requested:

Wheelchair accessibility

Assistive listening device (Assistive listening systems work by increasing the loudness of sounds, minimizing background noise, reducing the effect of distance, and overriding poor acoustics.)

Communication access real-time translation/real-time transcription services.

American Sign Language Interpreter

Service Animal

Other Accommodation Requested

*I certify that the statements provided in this request form, and any attachments, are true and correct.
I authorize the City of Providence to provide this information to a licensed interpreter.*

Signature

Date

To submit this form in person or if you have questions about this form contact:

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