



Request for Accommodation

Americans with Disabilities (ADA)

Date of Request: _____ Date Accommodation Needed by: _____

You may fill out the attached Accommodation Form and:

- Bring into the Community Center
- Fax to 248.689.6497
- Scan and email to *adaptive@troymi.gov*
- Send US post to
Troy Community Center, Attn: Meghan Veiga
3179 Livernois, Troy, MI 48083

To allow sufficient time to coordinate inclusion support and accommodations, please register at least two weeks prior to the program start date.

What activity is the ADA accommodation needed for (please check one):

- Activity Name and Activity # _____
- Recreation Pass
- Other _____

If no activity, list the following:

Date(s) of Activity _____

Time Frame for Activity _____

Location for Activity _____

Person Making ADA Request:

Last Name: _____ First Name: _____

Street Address: _____ City: _____ Zip: _____

Email Address: _____ Phone: _____

Person ADA request is for: _____

Relationship to person making ADA request: Caregiver Parent Other _____

ADA Accommodation Request: _____

Please forward all activity and other request forms to Meghan Veiga and Pass request forms to Brian Goul.

For office use only

Action taken to address requested ADA accommodation:

Approved By: _____ Date: _____