



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 parksandreconline@troymi.gov
- send US post to
Troy Community Center
Attn Carla Vaughan
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 number, list the following: Date(s) of Activity: _____

Time Frame for Activity: _____ Location of Activity: _____

Person making ADA request: _____ Phone: _____

Address: _____ City: _____ Zip: _____

E-mail Address: _____

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 Carla Vaughan and Pass request forms to Elaine Bo.

For office use only:	Action taken to address requested ADA accommodation:
_____	_____
_____	_____
_____	_____
Approval By: _____	Date: _____