

## CITY OF RICHMOND, VIRGINIA REQUEST FOR REASONABLE ACCOMMODATION FORM

Name	:								
	(Name of person requesting accommodation)								
Addre	ess								
		Street	Apt. #	City		State		Zip	
Conta	et#(	)			Date				
_			on because (circle only			R	or	C	
1.			` .	,					
	(A) I am requesting accommodation that will allow me to participate in a City offered program, activity or service.  Activity name:								
	<b>(B)</b> I am applying for employment. The accommodation requested will allow me to participate in the examination for								
	(C) I am currently employed by the City and request a reasonable accommodation. My current job title is:								
2.	requesting is described below. (Describe the type of accommodation; if it is a purchasable item list model, number, cost, w								
3.	Describe how this accommodation will assist you.    © Please attach additional sheets as necessary								
			CER'	<b>TIFICATION</b>					
Contact # (									
SURMI	IT COM	PLETED FORM TO:							

- A Individuals requesting an accommodation to participate in a City offered program, activity or service should submit this form to the Department of Human Resources ADA Coordinator, 900 East Broad Street, 9th floor Room 902, Richmond, VA 23219.
- B Applicants for employment should submit this form to the HR Liaison processing the employment requisition.
- C Employees requesting an accommodation should submit this form to their supervisor.