

ACCOMMODATION/ACTION REQUEST FORM

Accommodation requests must be received at least 14 days before the program starts. Requests received after this deadline will be subject to availability.

Requester

Name of person completing form _____ Date _____

Address _____

Contact phone number _____

Name of person needing accommodation _____

Address _____

Contact phone number _____

Accommodation type

Program participant Visitor Other (describe) _____

Describe accommodation request _____

Type of request Permanent Temporary (list duration) _____

Requester signature _____

Request received by _____ Date received _____

Approval

Forward all requests to Accommodation Coordinator electronically and follow-up with paper form.

Request approved Yes No (why) _____

If approved but modified, explain modification _____

Estimated cost of accommodation (if known) \$ _____ Charge to _____

ADA representative signature _____ Date _____