

AMERICANS WITH DISABILITIES ACT PUBLIC ACCESS REQUEST FOR ACCOMMODATION FORM

Name of Entity: City of Monroe

Turn In to: Human Resources Director

Name of Individual Requesting Accommodation:	Address:	Phone:
<p>Explain the Functional Disability you have that limits your ability to participate in a City of Monroe program or service (e.g., "I am confined to a wheelchair").</p> <p>Describe the program, service or activity you cannot access due to your disability and what you believe are the barriers to access or participate.</p>		
Proposed Accommodation/Resolution:		
Reserved for Entity Use		

Date Received:	
Date City Response Sent:	
Date sent to HR Manager:	
Date City Response Sent:	