

MIDDLESEX TOWNSHIP

Request for Reasonable Accommodation Form

**Please complete each section and return to ADA Coordinator listed below.*

Section 1: Person Requesting Accommodation

(Last Name, First Name)

(Mailing Address)

(Phone Number)

(City, State, Zip Code)

(E-mail)

Section 2: Event or Meeting Date (if any):

Event or Meeting Name (if any):

Section 3: Event or Activity (check all that apply):

Township Meeting (specify location and your role):

Township service or program (specify department if any):

Other:

Section 4: List all known dates and times the accommodations are needed (specify):

Section 5: What is the nature of your disability?

Section 6: What accommodation would you like and why?

MIDDLESEX TOWNSHIP
Request for Reasonable Accommodation Form

Section 7: Please provide any information that would help the Township respond to the request:

Section 8: How do you want to be informed of the status of your request for accommodation?

Telephone Letter E-mail Other (*specify*)

--	--	--

(Type or print name of person making request)

(Signature or person making request)

(Date)

Middlesex Township – ADA Coordinator
350 North Middlesex Road
Carlisle, PA 17013
Phone: 1-844-256-7024
Relay Service TTY/TTD 711 or 800-654-5984
FAX: 1-717-249-8564
Email: ADACoordinator@middlesextwp.com