

# ADA Reasonable Accommodation from the Zoning Code Request Form

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Provide the location of the property:

\_\_\_\_\_

Describe the nature, extent of the accommodation needed from the Zoning Code:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the sections of the Zoning Code that accommodations are needed for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide any licenses or certification for the facility:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach any supporting documentation that may be helpful in evaluating this request for accommodations.

I authorize the release of information regarding my qualifications to the City of Lebanon as deemed necessary to facilitate this request for accommodation.

Staff should assist the individual in completing a request form if s/he is unable to do so independently. All reasonable accommodation policies and forms should be reviewed by legal counsel prior to implementation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: State and federal laws require entities, such as the City of Lebanon, to make reasonable changes to policies, practices, procedures and/or physical changes to housing units if such changes are necessary to enable a person with a disability to have equal access to, and enjoyment of, the housing. Please note that such changes must be necessary as a result of the person's disability.*