



ACCOMMODATION REQUEST FORM

City of Sarasota

The City of Sarasota does not discriminate on the basis of disability in admission to, or operation of its programs, services, activities, or facilities. This form may be used by individuals and their companions with a disability seeking access to City programs, services, activities, or facilities.

ACCOMMODATION REQUEST INFORMATION

Name: _____

Phone: _____ Date: _____

Street _____

City: _____ St: _____ Zip Code: _____

The program or facility to which I am requesting access is located at:

I am requesting the following accommodation(s):

- Sign Language Interpretation**
- Written Material in Alternate Format (Large Print, Braille, etc.)**
- Reader for visual impairment**
- Communication Access Realtime Translation (CART) captioning**
- Language Translator**
- Request Modification of Policy or Procedures**
- Other** _____

Please provide any other details or information necessary to process this request:

PLEASE RETURN FORM TO:

City of Sarasota
Human Resources Department
ADA Coordinator
111 S. Orange Ave.
Sarasota, FL 34236
adacoordinator@sarasotafli.gov

E-Mail Form by clicking below:

TO BE FILLED OUT BY CITY OFFICIAL:

Billed Department: _____ Contact: _____