

**VILLAGE OF SCARSDALE
REQUEST FOR REASONABLE ACCOMMODATION**

Section A. Personal Information.

Name: _____

Address: _____

Phone No. (Home): _____

Phone No. (Work): _____

Section B. Affected Village Department.

Village Department: _____

Program/Service: _____

Section C. Application for Reasonable Accommodation.

I am requesting the following reasonable accommodation(s): _____

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It is necessary for me to have this accommodation for the following reason(s):

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Signature of Applicant

Date

(Over for further information and instructions.)

Requests for Reasonable Accommodation shall be filed the Village Department from which the applicant is seeking the service. Applicants shall be notified of action upon their Request for Reasonable Accommodation within 5 business days after filing this application with the Village. Applicants denied their request are entitled to appeal the decision of the ADA Coordinator to the Village Manager within 15 business days after receiving such denial.

NOTICE OF NON-DISCRIMINATION

The Village of Scarsdale does not discriminate on the basis of disability in admission to, access to, or operations of its programs, services, or activities. The Village of Scarsdale does not discriminate on the basis of disability in its hiring or employment practices.

This notice is provided as required by Title II of the Americans with Disabilities Act of 1990.

Questions, concerns, complaints, or requests for additional information regarding the ADA may be forwarded to the Village of Scarsdale ADA Coordinator.
