City of Memphis

ADA Request

For Reasonable Accommodation

Instructions: Please fill this form out completely. This form may be mailed or submitted to the address at the bottom of this page.

Date:_____ ☐ Citizen ☐ Representative of Citizen ☐ Other_____

Reporting Individual Contact Information

Name:_____

Address:_____

Telephone Number:_____

Email Address:_____

Preferred Method of Contact: ☐ Email ☐ Telephone ☐ Mail

Service, Program or Facility Requiring Accommodation

Name of Program, Service or Facility:_____

Date of Event, Incident or Discovery:_____

Describe the accommodation you are requesting (please use additional attachments as necessary):

For City of Memphis use only:

Response or Action Taken **Date of Response or Action:**

Signature of Reporting Individual: _____

Please mail/submit to City of Memphis - Attention: ADA Coordinator 3720 Knight Arnold Road Memphis, TN 38118