

**CITY OF CLARKSTON
PUBLIC ACCESS REQUEST FOR ACCOMMODATION FORM**

NAME OF ENTITY: CITY OF CLARKSTON

Public Access Request for Accommodation

TURN IN TO: CITY CLERK

Name of Individual Requesting Accommodation	Address	Phone
<p>Explain what functional disability you have that limits your ability to participate in a (Name of Entity) program or service: (e.g. "I am confined to a wheelchair")</p> <p>Describe the program, service or activity you cannot access due to your disability, and what you believe are the barriers to access or participation.</p>		
<p>Proposed Accommodation/Resolution:</p>		
RESERVED FOR ENTITY USE		
DATE RECEIVED:		BY:
DATE SENT TO ADA COORDINATOR:		
DATE CITY RESPONSE SENT:		