

**Huntsville/Madison County Convention & Visitors Bureau
REASONABLE ACCOMMODATION REQUEST FORM**

To: Catie Wells, Title II ADA Coordinator

From: _____
(Name of person requesting accommodation)

Address: _____
 Street Apt# City State Zip

Home Tel: _____ Work Tel: _____ Cell: _____

REQUEST FOR REASONABLE ACCOMMODATION

1. I am requesting accommodation because (circle one) **A** or **B**

(A) I am requesting accommodation that will allow me to participate in a Huntsville/Madison County Convention & Visitors Bureau (HMCCVB) offered program, activity or service.

Activity name: _____

(B) I am currently employed by the HMCCVB and request a reasonable accommodation. My current job title is: _____

2. My specific functional limitation is:

The accommodation I am requesting is described below. (Describe the type of accommodation--if it is a purchasable item list model number, cost, where it can be obtained, etc.; suggestions for work site or examination site modifications; or, specific job duties which may be restructured or shared to facilitate employment, participate in the examination or utilize a City program, activity or service.)

3. Describe how this accommodation will assist you.
(Please attach additional sheets as necessary)

CERTIFICATION

I certify that I have a disability or medical condition that requires reasonable accommodation, which will be met by acquiring the equipment, services, or work adjustments described above. I further authorize the HMCCVB to receive medical information pertinent to my reasonable accommodation request.

Signature: _____ Date: _____