CITY OF POST FALLS
AMERICANS WITH DISABILITIES ACT (ADA)
REQUEST FOR REASONABLE ACCOMMODATION

(This form is to be used to request ADA Reasonable Accommodation in the provision of services, programs, activities, or benefits provided by the City of Post Falls.

Instructions:
If you are the person we should contact, please submit your information and your preferred method of contact.
If you are completing this form for another individual, please submit their contact information and their preferred method of contact.
If you would like to include additional information, please provide that information and attach it to this form.

Your Name: ____________________________________________ Today's Date: __________________

I am the Requestor  [ ]  I am representing the Requestor  [ ]

<table>
<thead>
<tr>
<th>Requestor’s Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: _________________________</td>
</tr>
<tr>
<td>Complete Street Address and Zip Code: _________________________</td>
</tr>
<tr>
<td>Telephone Number: _________________________</td>
</tr>
<tr>
<td>Email Address: _________________________</td>
</tr>
<tr>
<td>Preferred Method of Contact: Mail [ ] Telephone [ ] Email [ ]</td>
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<table>
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<tr>
<th>Representative’s Information</th>
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<tbody>
<tr>
<td>Name: _________________________</td>
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<td>Complete Street Address and Zip Code: _________________________</td>
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<td>Preferred Method of Contact: Mail [ ] Telephone [ ] Email [ ]</td>
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</tbody>
</table>

REQUEST FOR REASONABLE ACCOMMODATION

1. I am requesting a reasonable accommodation that will allow me to participate in a City of Post Falls service, program, or activity.

   Service, program, or activity’s name and date: _________________________
2. My specific functional limitation is __________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

3. The reasonable accommodation requested is _________________________________________
   ______________________________________________________________________________

4. Have you made a request for a reasonable accommodation previously? Yes ☐ No ☐
   If yes, when was it requested and what was the outcome? ______________________________
   ______________________________________________________________________________

Note: If you would like to include additional information, please attach it to this form.

Signature: _______________________________ Date: ____________________________

Please submit this form not more than 60 days from the date of the alleged discrimination.

Shannon Howard Email: showard@postfallsidaho.org
City Clerk/ADA Coordinator Phone: (208) 773-3511
Post Falls City Hall Fax: (208) 773-8362
408 N Spokane St. TDD: (208) 457-3349
Post Falls, ID 83854

The City's ADA Coordinator or her designee will contact you to discuss your request within fifteen days (15) of the receipt of this form and any accompanying information.

The City of Post Falls does not discriminate on the basis of disability in its employment practices or in
the admission to, access to, or operations of its services, programs, or activities. Shannon Howard,
ADA Coordinator has been designated to coordinate compliance with the ADA non-discrimination
requirements.