

Charter Township of Kalamazoo Request for Accommodations

Print

Instructions for completing the form: Provide your name, address, and telephone number. Check the boxes that apply to you and provide any necessary details. When you have completed this request, please print and drop it off to ADA Coordinator, Dave Combs 1720 Riverview Drive, Kalamazoo MI 49004, or email: supervisor@ktwp.org If you have any questions, please call 269-381-8080 ext. 121

Today's date _____

1. Name _____

Address _____

City _____ State _____ Zip _____ Telephone No. _____

2. Activity you need accommodations for: _____

Location of activity _____ Date / Time _____

3. What is the nature of your disability?

☐ Physical mobility impairment (wheelchair, walker, crutches, etc.)

☐ Speech impairment

☐ (specify): _____ Visual impairment

☐ Hearing impairment (specify) ☐ deaf ☐ hard of hearing ☐ deaf-blind

☐ Other (specify): _____

4. What type of accommodation are you requesting?

☐ Interpreter for deaf (specify whether ASL, tactile, oral, etc.) _____

☐ Assistive listening device (specify): ☐ headphones ☐ neck loop ☐ computer-assisted real-time

☐ other: _____

☐ Physical location accessible for persons with a physical mobility concern

☐ Other (specify): _____

5. If the accommodation request is denied or, if the accommodation does not successfully establish effective communication, the applicant may file a grievance under the Kalamazoo Township established grievance procedure.