



## Accommodation Request Form

The City of Wilmington does not discriminate on the basis of disability in admission to, or operation of its programs, services or activities. This form may be used by a private citizen with a disability seeking access to a City program or facility.

### Accommodation Request Information

Date:

Person Requesting Accommodation:

Address:

Phone:

Email:

**REQUEST IS MADE ON BEHALF OF MYSELF:**                      YES                      NO

*If request is made on behalf of another person, please provide the name of the person on whose behalf the request is submitted:*

Name:

Address:

Phone:

Please indicate the type of accommodation you are requesting below:

#### Program/Facility Access

Name of Activity/Service:

Date(s) of Activity/Service:                      From:                      To:

Location of Activity/Service:

#### Board/Commission Meeting/ Public Hearing

Description of Meeting:

Date:                      Location:

**Please describe the nature of the specific accommodation you are requesting. If you perceive multiple options that would satisfy your request, please indicate all possible options.**

Signature of Person Completing Request:

**Individuals with questions concerning Requests for Reasonable Accommodation may contact the City of Wilmington** Jonathan Batts, ADA Coordinator at (910) 341-5876 Email: [Jonathan.Batts@wilmingtonnc.gov](mailto:Jonathan.Batts@wilmingtonnc.gov) or mail: City Manager's Office,

Skyline Center 929 N. Front St. Wilmington, NC 28401 / Post Office Box 1810 Wilmington, NC 28402