

# CITY OF NEW BRITAIN



## ADA ACCOMMODATION REQUEST FORM

Date Request Submitted: \_\_\_\_\_

Name of Person Requesting Accommodation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail (optional) \_\_\_\_\_

Person Making this Request (if other than person needing the accommodation):

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail (optional) \_\_\_\_\_

Date(s)/Time(s) Accommodation is needed: \_\_\_\_\_

Location Where Accommodation is needed: \_\_\_\_\_

Type of Accommodation(s) Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the nature of the disability that makes an accommodation necessary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requests for accommodations may be made using this form, orally, in any other written format. If you need help completing this form, please contact the Disabilities Services Advocate at (860)826-3368.

Please send the completed form by email to [June.O'Leary@newbritainct.gov](mailto:June.O'Leary@newbritainct.gov) or submit the form to:

June O'Leary, Disabilities Services Advocate  
27 West Main Street, Room 301, New Britain, CT 06051

Please make this request as soon as possible but no later than 48 hours before the scheduled event.