



North Wales Borough
300 School Street
North Wales, PA 19454
Phone: 215-699-4424
Fax: 215-699-3991
www.northwalesborough.org

**Americans with Disabilities Act Accommodation (ADA) Title II
Request for Reasonable Accommodation Form**

Individual Requesting Reasonable Accommodation Information – Section A	
Name:	Phone:
Address:	Mobile:
	TTY:
	Email:
Please check next to the description of your status in this matter: Self Spouse Parent Child Relative Other (please explain) _____	
Requestor Information (if different from above)	
Name:	Phone:
Address:	Mobile:
	TTY:
	Email:
Relationship to individual making the request:	
Accommodation	
Accommodation requested:	
Location of Borough Service, Program, Activity	
Address:	
Date and Time of Requested Accommodation	
Date/Time:	
Completed forms shall be dropped off at Borough Hall, Monday - Friday, between 8am. and 4pm. Forms can also be faxed to 215-699-3991 or e-mailed to info@northwalesborough.org	

I hereby certify that an Americans with Disabilities Act accommodation is requested on the date stated for the service, program, activity or facility stated above.

Signature: _____

Date: _____