

# City of Arlington Facility Access Request and Response Form

Date of Request: \_\_\_\_\_

## CONTACT INFORMATION

Name of person needing ADA accommodation (applicant): \_\_\_\_\_

Contact Name (if different from applicant): \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Preferred contact method: \_\_\_\_\_

## FACILITY ACCESS REQUEST

Type of request (select all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Curb Ramps             | <input type="checkbox"/> Restroom Alterations           |
| <input type="checkbox"/> Entrances/Doors        | <input type="checkbox"/> Sidewalks, Installation/Repair |
| <input type="checkbox"/> Pathway Renovation     | <input type="checkbox"/> Site Modifications             |
| <input type="checkbox"/> Primary Function Areas | <input type="checkbox"/> Other: _____                   |

Name or address of facility for which the accommodation is being requested: \_\_\_\_\_

If the request is for a curb ramp or sidewalk, please list the nearest intersecting street:

Specify the reasons you are requesting an accommodation (select all that apply):

- To provide full access to City facilities.
- Other reason, please specify: \_\_\_\_\_

Describe the specific accommodation(s) you are requesting: \_\_\_\_\_

Describe how this accommodation will assist you: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

# Response to Facility Access Request For City Use Only

This request for accommodation is **GRANTED**:

\_\_\_\_\_ In its entirety as follows (specify the accommodations to be made): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ In part and as agreed to by the applicant, accommodations are as follows (specify  
The accommodations to be made): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The request is **DENIED**:

\_\_\_\_\_ Applicant is not a qualified individual with a disability under the ADA.  
\_\_\_\_\_ The request creates an undue financial or administrative burden, as determined by  
the head of the department responsible for the program, service, or activity.  
Describe how it creates an undue burden: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ The request fundamentally alters the nature of the program, service, or activity.  
Describe how it is fundamentally altered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ The request destroys or threatens the historic nature of a property.  
\_\_\_\_\_

\_\_\_\_\_  
City Representative

\_\_\_\_\_  
Date

## FOR ADA COORDINATOR USE ONLY

Date Received by ADA Coordinator: \_\_\_\_\_

ADA Concern Tracking No.: \_\_\_\_\_