



## ACCOMMODATION REQUEST FORM

The City of Delray Beach does not discriminate on the basis of disability in admission to, or operation of its programs, services, activities or facilities. This form may be used by individuals and their companions with a disability seeking access to City programs, services, activities or facilities.

### ACCOMMODATION REQUEST INFORMATION

Name: \_\_\_\_\_ Telephone (or TTY): \_\_\_\_\_

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

The program or facility to which I am requesting access is located at:

I am requesting the following accommodation(s):

- Wheelchair Access
- Sign Language Interpretation
- Written Material in Alternate Format (Large Print/Computer Disc)
- Written Material in Braille
- Reader
- Modification of Policy Procedures
- Other

Please provide any other details or information necessary to process this request:

---

---

---

### PLEASE RETURN THIS FORM TO:

Duane D'Andrea  
HR Director/ADA Coordinator  
Delray Beach City Hall  
100 NW. 1st Ave  
Delray Beach, Fl. 33444  
Email: [dandread@mydelraybeach.com](mailto:dandread@mydelraybeach.com)  
Phone #: (561) 243-7042  
Fax: (561) 243-7060