



ADA Reasonable Accommodation Request Form

Date: Click or tap to enter a date.

Employee/Patron Name: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Describe the nature, extent and duration of your disability:
Click or tap here to enter text.

Describe the accommodation you believe are needed to enable you to perform the essential function:
Click or tap here to enter text.

Provide the name, address, telephone and fax numbers of your health care provider. The provider may receive a request from us for information regarding your impairment/disability and recommendations for accommodations.
Click or tap here to enter text.

Attach any supporting documentation that may be helpful in evaluation this request for accommodation.
Click or tap here to enter text.

I authorize the release of information regarding my disability to The City of New Braunfels as deemed necessary by city management to facilitate the request for accommodation.

Employee/Patron Signature:

Date: Click or tap to enter a date.