

**CITY OF FORT BRAGG
REASONABLE ACCOMMODATION REQUEST FORM**

Name _____
Name of Person Requesting Accommodation

Address _____
Street City State Zip Code

Telephone _____ Email _____

1. I am requesting accommodation to participate in the following City public meeting:

2. My specific functional limitation is:

3. The accommodation I am requesting is:

4. Describe how the accommodation will assist you. Please attach additional pages if necessary.

REQUESTOR CERTIFICATION

I CERTIFY THAT I HAVE A DISABILITY THAT REQUIRES REASONABLE ACCOMMODATION, WHICH WILL BE MET AS DESCRIBED ABOVE.

Signature: _____

Date _____