REQUEST FOR REASONABLE ACCOMMODATIONS

Bismarck-Mandan
METROPOLITAN PLANNING ORGANIZATION

Date

Name			Day Telephone Number
Street/Mailing Address	City	State	ZIP Code
Preferred Method of Contact ☐ Day Phone ☐ Email ☐ USPS	Email Address		

Type of Event:
- ☐ Public Meeting/Public Hearing
- ☐ Print Materials
- ☐ Other (specify) _____

Date of Event	and/or	Date Needed

Type(s) of Accommodation
- ☐ Interpreter for deaf (Specify ASL, tactile, etc.) _____
- ☐ Assistive listening device (specify) _____
- ☐ Physical location accessible for persons with a physical mobility concern.
- ☐ Other (specify) _____

Other Type(s) of Assistance
- ☐ Limited English Proficiency (specify language) _____
- ☐ Other (specify) _____

Nature of Disability (Medical documentation may be required.)
- ☐ Physical Mobility Impairment (Specify: wheelchair, walker, crutches, etc.) _____
- ☐ Speech Impairment (specify) _____
- ☐ Visual Impairment
- ☐ Hearing Impairment (select one) ☐ deaf ☐ hard of hearing ☐ Deaf-blind
- ☐ Other (specify) _____

List any special requests or anticipated problems for accommodations.

Print Materials

Alternative format you prefer? (Indicate first, second, third choice if possible.)

___ ☐ Braille
___ ☐ Large print (font point size) _____
___ ☐ Other (specify) _____
___ ☐ Audio recording-MP3
___ ☐ CD/flash drive

For Office Use Only

The accommodation request is:

☐ Granted as requested ☐ Granted with change - see additional information ☐ Denied - see additional information

Submit by Email