



PARKS & RECREATION

ADA Request for Accommodation

The request form and attachments must be received by P&R no less than two weeks prior to the start date of the program. To submit your request please:

1. Complete the ADA Request for Accommodation form
2. Attach supporting documentation from a medical provider or qualified professional
3. Return to: Sahuarita Parks & Recreation Department

Attn: Recreation Manager
375 W. Sahuarita Center Way
Sahuarita, AZ 85629

Participant Name: _____ Age: _____

Parent/Guardian (if minor above): _____

Email: _____ Phone #: _____

Program for which the ADA accommodation is requested: _____

Identify specific ADA accommodation(s) requested in order to participate in the program.

1. _____

2. _____

3. _____

Provide any additional information about the participant and their disability, as it relates to the program.

Requested Documentation:

Include a letter or documentation from a **medical provider or qualified professional** stating that there is a disability and listing the type of accommodation needed in order for the individual to participate. Support documentation should list all necessary accommodations.

I affirm I am requesting an accommodation and ___ I am OR ___ am representing a qualified individual with a disability covered under the ADA. I confirm that I have reviewed Parks & Recreation Department information regarding this request. I understand that should I fail to provide the required documentation the request will be denied.

___ Applicant, OR ___ Parent/Guardian Signature

Date

-----SPACE BELOW FOR OFFICE USE ONLY-----

Date Received: _____ Reviewed By: _____

Date of Notification: _____ Actions Taken: _____

