



CITY OF CHATTANOOGA REASONABLE ACCOMMODATION REQUEST REVIEW

REQUESTER'S NAME: _____ DATE RECEIVED: _____

REQUESTER'S TELEPHONE: (_____) _____ EMAIL: _____

Type of functional limitation: _____

Purpose for requesting accommodation: _____

Describe the accommodation being requested (Describe the type of accommodation; if it is a purchasable item list model, number, cost, where it can be obtained, etc.) _____

Can the person perform the essential functions of the program or activity when provided a reasonable accommodation? Yes _____ No _____

List the recommended accommodation options that overcome the limitations: _____

What steps were taken to determine the effectiveness and feasibility of the recommended accommodations?

TO BE COMPLETED BY THE DEPARTMENT HEAD OR DESIGNEE:

Request for Reasonable Accommodation *Granted* _____ *Denied* _____

If granted, indicated what accommodation will be provided. If denied, explain the rationale for this decision: _____

Date of Completion of Request Review: _____

Person Responding to Reasonable Accommodation Request:

Name: _____ Title: _____
Telephone: _____ Signature: _____