



# Request for Reasonable Accommodation

Please allow 10 business days for processing.

109 S 1st Street., Suite 221  
Battle Ground, WA 98604  
www.cityofbg.org

City Clerk  
cityclerk.info@cityofbg.org

## CONTACT INFORMATION

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## DESCRIPTION OF ACCOMMODATION REQUEST

LIST ALL KNOWN DATES AND TIMES THE ACCOMMODATION IS NEEDED: \_\_\_\_\_

WHY IS THE ACCOMMODATION NEEDED: \_\_\_\_\_

WHAT ACCOMMODATION ARE YOU REQUESTING: \_\_\_\_\_

## PROVIDE HOW BEST TO CONTACT YOU REGARDING THE REQUEST

Phone  Email  Mail

In person  Other (specify) \_\_\_\_\_

*It is the policy of the City of Battle Ground to provide reasonable accommodation for access to services and programs for persons with a qualifying disability.*

### FOR OFFICE USE ONLY— ACTION TAKEN

1. Request granted \_\_\_\_\_ Request denied (2) \_\_\_\_\_ Request altered (3) \_\_\_\_\_

2. Reason for denial: \_\_\_\_\_

3. Accommodation made: \_\_\_\_\_