



Oelwein Public Reasonable Accommodation Request for Person with Disabilities

The City of Oelwein, Iowa does not discriminate on the basis of disability in admissions to, or operation of its programs, services, activities or facilities. This form may be used by individuals and their companions with a disability seeking access to an Oelwein service or facility.

Accommodation/Modification Request Information

Name:	
Address:	
Telephone:	
Date:	

I am requesting the following modifications/accommodation (s):

<input type="checkbox"/>	Wheelchair access
<input type="checkbox"/>	Sign language interpretation
<input type="checkbox"/>	Written material in alternate format (large print, computer disc or CD, cassette tape or other aid)
<input type="checkbox"/>	Written material in Braille
<input type="checkbox"/>	Reader
<input type="checkbox"/>	Modification of policies or procedures
<input type="checkbox"/>	Other:

Requests may be submitted by email at (City@CityofOelwein.org), written mail to City of Oelwein, City Hall Attn: Non-Discrimination Policy, by fax to 319-283-4032 or by phone to 319-283-5440. All requests will be logged by City staff noting the requestors name, date, contact information and specific accommodation request being made.



Oelwein Accommodation/Modification Evaluation Form Accommodation/Modification Request Information

Date request was received:	
Due date:	
Name of Evaluator:	
Area of Service:	

Customer's Request:

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Policy creating barrier:

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Discussion:

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Date Modification Approved:	
Modification Request Denied	
	Fundamentally alters service
	Creates a direct threat to health and safety of others
	Customer can fully use service without modification
	Causes undue financial or administrative burden

Describe other actions taken to ensure access:

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Date customer notified:	
Denial:	