

CITY OF PINSON  
**DISABILITY ACCOMMODATION REQUEST FORM**

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This form may be used by a citizen to request a reasonable accommodation for a City program, service or activity. The City will provide a reasonable accommodation unless doing so will fundamentally alter the nature of the City's service, program or activity or impose an undue financial or administrative burden on the City.

Please submit this form within 48 hours in advance of the public service, program or activity.

**PLEASE FILL OUT COMPLETELY**

<b>Person Requesting Reasonable Accommodation</b> Name of Requesting Individual: _____ Address: _____ Telephone – Home: _____ Cell: _____ E-Mail Address: _____
<b>Person Making Request</b> (if other than person who needs the accommodation) Name: _____ Relationship to person requesting accommodation: _____ Address: _____ Telephone – Home: _____ Cell: _____ E-Mail Address: _____
State the City service, program or activity that is the subject of your request: _____ _____
What are your functional limitations (i.e., what activities does your disability limit)? _____ _____
I am requesting the following accommodation(s): <input type="checkbox"/> Wheelchair Access or Mobility Impairment accommodation <input type="checkbox"/> Sign Language Interpreter* <input type="checkbox"/> Written Material in Alternate Format <input type="checkbox"/> Modification of Policy or Procedures <input type="checkbox"/> Assistive Listening Device <input type="checkbox"/> Other: _____ _____ _____
Facility: _____ Date and time: _____
Please provide details regarding your specific requested accommodation: _____ _____ _____

**Please return at least 48 hours prior to the event. \*For sign language interpreter, please give 72 hours advance notice.**

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