

CITY OF LENEXA
APPLICATION FOR REASONABLE ACCOMMODATION
(NON-EMPLOYMENT RELATED)

This form is to be completed by or on behalf of a person desiring a reasonable accommodation due to a qualifying disability in accordance with the Americans with Disabilities Act (ADA) and City of Lenexa Administrative Policy AD08-E.

Name of person requesting accommodation: _____

Address: _____

Phone: _____ Email: _____

Name and contact information of person completing form (if different): _____

What is the nature of the disability that requires the requested accommodation?

Describe the problem you are experiencing in participating in or benefitting from services, programs or activities of the City as a result of your disability?

What are you requesting that the City of Lenexa do to accommodate your disability in order to resolve the problem you are experiencing?

(attach additional pages or documentation, if necessary)

Date: _____ Signature: _____

Applicant or Authorized Representative

Return completed form to:

ADA Coordinator/Assistant to the City Administrator
12350 W. 87th Street Parkway
Lenexa, KS 66215
Phone: (913) 477-7550 Fax: (913) 477-7639
Email: ddulin@lenexa.com