



REQUEST FOR REASONABLE ACCOMMODATIONS
Lincoln Park District
SFN 60135 (8-2019)

PART I: GENERAL INFORMATION

			Date	
Name			Telephone #	
Street/Mailing Address		City	State	ZIP Code
Preferred Method of Contact		Email Address		
Event				
Date of Event		Location of Event		

PART II: LIMITED ENGLISH PROFICIENCY (LEP)

What do you need language assistance for?
Oral Interpretation (specify language)
Written Translation (specify Language)

PART III: AMERICANS WITH DISABILITIES ACT (ADA)

Do you need an accommodation for a disability?	YES/NO	(circle one)
Type of Accommodation (please specify)		
Nature of Disability (please specify) <i>Medical documentation may be requested</i>		
Alternative Format (please specify) <i>eg braille/large print/audio recording/flashdrive</i>		

Submit form to: lincolndparks@gmail.com

Or mail form to:

Title VI Coordinator
32 McDougall Drive
Lincoln ND, 58504