

THE CITY OF
SOUTH
MILWAUKEE

**AMERICANS WITH DISABILITIES ACT
REQUEST FOR ACCOMMODATION**

Protection is afforded under the ADA to a qualified individual with a disability.

Instructions: Please complete this form in its entirety and return it to the ADA Coordinator.

Mail to: City of South Milwaukee

2424 15th Ave

South Milwaukee, WI 53172 (or)

Fax: 414-768-6843

Any questions regarding this form, please call the ADA Coordinator at 414-762-2222.

Name:

Address:

Telephone Numbers: Cell: _____ Home: _____ Other: _____

Email:

I. Please identify below the facility and/or building you are requesting an accommodation:

City Hall

Other Municipal Facilities (please specify) _____

II. Accommodation Request: Please list accommodations requested and reason for request:

Alternative means of filing complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request to the ADA Coordinator.

Signature:

Date: