



City of Medford

Americans with Disabilities Act ADA Coordinator's Office

PUBLIC MEETING/SERVICE ACCOMMODATION REQUEST FORM

DATE OF REQUEST: _____ TIME: _____

Submit Form at least 72 hours prior to event

PERSON MAKING REQUEST:

Name: _____

Mailing Address: _____

Phone: _____

Relationship to person requiring accommodation: _____

PERSON REQUIRING ACCOMMODATION (IF DIFFERENT THAN ABOVE):

Name: _____

Mailing Address: _____

Phone: _____

TYPE OF ACCOMMODATION REQUESTED:

Disability Accommodation (explain): _____

Communication Accommodation:

- Sign Language Hearing Amplification Device Spanish Interpretation
- OTRS Assistance (Speech to Speech, Text to Speech (TTY))

* *Call-In Time:* _____

**Provide call-in time and meeting room phone # to OTRS Communication Assistant and person requesting/requiring accommodation*

MEETING / SERVICE INFORMATION:

Public Meeting/Service: _____

Meeting/Service Date/Time: _____

Meeting/Service Location: _____

Meeting/Service Rm Phone #: _____

Continuous Improvement ~ Customer Service