



DEPARTMENT OF
**COMPLIANCE AND
ENGAGEMENT**

Request for Reasonable Accommodation or Modification

The City of Milwaukee is committed to compliance with the Americans with Disabilities Act (ADA) in all aspects of providing equal access to all city-sponsored programs and events and does not discriminate on the basis of disability in the city's services, programs or activities. This form may be used by citizens to request a reasonable modification to the accessibility of a city program, service or facility.

Please submit your request **at least 72 hours in advance**, when possible, so the city may make every effort to honor your request.

For requests for printed materials in Braille, please provide at least one-week advance notice. Fields marked with an asterisk * are required.

Section 1. Requestor Information

Full name *

Address line 1

Address line 2

City

State

<input type="text"/>	<input type="text"/>
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ZIP code

Email address

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Phone number

Cell phone number

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Preferred contact method

- Phone
- Mobile / Cell
- Email
- Mail

Section 2. Program, Service, or Event Information

Program, service, or event name *

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Location *

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Date *

Time

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Use format: MM-DD-YYYY

Department, division, or organizer, if known

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Section 3. Accommodation or Modification Request

I am requesting the following accommodation or modification *

- Wheelchair access
- ASL interpretation services
- Printed materials in alternate format
- Modification of policy or procedure
- Other accommodation or modification

If you selected “Printed materials in alternate format,” please indicate the format requested

Examples: large print, Braille, accessible electronic document, audio, or other.

If you selected “Other accommodation or modification,” please describe it

Please provide any additional details needed to process this request *

Include information that will help us understand your needs, such as mobility, communication, seating, entrance access, service animal access, document format, or other relevant details.

Section 4. Optional Follow-Up Information

Is this request related to a specific barrier you encountered?

- Yes

No

If yes, please describe the barrier

Would you like to be contacted to discuss options if your exact request is not available?

Yes

No

Submission Information

You may contact the ADA Coordinator at (414) 286-3475 or submit the information in writing with at least 72 hours advance notice via US Mail to:

ADA Coordinator

Department of Compliance and Engagement
City Hall, Room 603
200 East Wells Street
Milwaukee, WI 53202

414-286-3475 Voice

711 Wisconsin Relay

414-286-5475 Fax

ADACoordinator@milwaukee.gov

For Office Use Only

Date received

Received by

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Method received

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Disposition / follow-up notes
