



# City of Akron

## Americans with Disabilities Act Accommodation Request Form

The City of Akron will not share your personal information, material, or documents with persons within or outside of the City of Akron other than for purposes of business necessity.

The City of Akron will provide reasonable accommodation for anyone with a disability, enabling the individual to access and participate in City services, programs, and events provided that the accommodation does not fundamentally alter the nature of a City program, service or event or impose an undue hardship. The City of Akron encourages individuals to inform the ADA Coordinator as to what kind of accommodation would enable them to effectively participate in the City’s services, programs, and events. While we might not be able to fulfill your exact accommodation request, we will strive to provide an equal opportunity to participate.

Return completed forms to Montrella Jackson, 166 S. High Street Room 103, Akron Ohio 44308 or email the completed form to [HRC@akronohio.gov](mailto:HRC@akronohio.gov)

### Service, program, or events requiring accommodation:

Name of service, program, or event			
Date accommodation is needed			
Location	City	State	Zip Code

### Information for person needing an accommodation:

Last Name	First Name	Middle Initial	
Address	City	State	Zip Code
Phone Number	Email Address		
Nature of disability:			
Accommodation requested:			