Reasonable Accommodation Request Form

This form may be submitted to request reasonable accommodation(s) for accessibility needs to a Milton public meeting and/or building. Please fill in all fields below and describe the specific need(s) or accessibility barrier(s).

Date: ______________

Name: _______________________________________________________

Address: ___________________________________________________

Contact Information:

Email: ___________________________ Phone No: ___________________

Best day of the week and time of day to contact you if necessary: ______________

Public meeting/building to which you request reasonable accommodations is:

Date: ___________ Time from: ___________ to: ___________

Meeting: ___________________________ Building: ___________________

Describe the nature of the accessibility issue (use back of page if necessary):

_______________________________________________________________________________________________________________________

This ADA request may be made by email, fax or regular mail to:
Joseph Prondak, ADA Coordinator
Email: jprondak@townofmilton.org or Phone: 617-898-4925
Town of Milton, Commission on Disability, ADA Coordinator
525 Canton Ave., Milton, MA 02186