



City of Mountain Home, 160 South 3<sup>rd</sup> East, Mountain Home, ID 83647 / 208-587-2104

## ADA REASONABLE MODIFICATION REQUEST FORM

ADA Coordinator  
1150 South Main  
P.O. Box 10  
Mountain Home, ID 83647  
Telephone: 208-587-2108  
Fax: 208-587-6433  
Email: [jmcdaniel@mountain-home.us](mailto:jmcdaniel@mountain-home.us)

Please fill out this form completely in print. Sign it and return it to the ADA Coordinator or the Department that is sponsoring the event via hand delivery, mail, fax or email. Requests are processed as quickly as possible. Timing may vary depending on the nature and complexity of the request. If you require assistance completing this form, please contact the ADA Coordinator.

### Qualified Individual Information:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

### I am requesting the following accessibility modification:

- Wheelchair Access
- American Sign Language Interpreter
- Written Material in Alternate Format
- Modification of Policy/Practices
- Other \_\_\_\_\_

Please describe the requested modification and provide additional details necessary to process this request. Attach additional pages if needed.

\_\_\_\_\_

Please sign and date this request

\_\_\_\_\_  
Signature Date  
Parent or Legal Guardian may sign on behalf of a minor child  
Legal Guardian, Power of Attorney, or equivalent documentation is required.

### For Administrative Use Only

Form Received By:

\_\_\_\_\_  
Name Date

**ALL REQUESTS MUST BE IMMEDIATELY SUBMITTED TO THE ADA COORDINATOR FOR PROCESSING AND TRACKING PURPOSES.**

Action Taken: \_\_\_\_\_

\_\_\_\_\_  
ADA Coordinator Signature Date completed/recorded