



The Americans with Disabilities Act REASONABLE ACCOMMODATION REQUEST FORM

Date: _____ Name: _____

Street Address: _____

City: _____ State _____ Zip Code: _____

Preferred Method of Contact: _____

Email: _____

Phone (day): _____

Please specify the program, service, activity, policy or communication for which you seek accommodation:

1. I am requesting accommodation (check all that apply):

that will allow me to participate in a program or activity offered by the City of San Marcos.
Please specify the program or activity:

by asking for an exception to a rule, policy, or procedure. Please specify the rule, policy, or procedure:

other - please specify (for example, the way that the City of San Marcos communicates with you):

2. Describe the accommodation you are requesting:

3. Describe how this accommodation will assist you.
(Please attach additional sheets as necessary):

Return to: City of San Marcos, A.D.A. Coordinator, 630 East Hopkins Street, San Marcos, Texas 78666, or fax to 855-461-6674, or email to ADARRequest@sanmarcostx.gov.

Thank you for completing this form. Should you be unsatisfied with the response to your request, you may appeal to the ADA Coordinator at 512-393-8065 within 15 business days of receiving the response. For information on the Request for Reasonable Accommodation Process, please visit www.sanmarcostx.gov.