

**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 Seguin.  
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 Seguin 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 Seguin, A.D.A. Coordinator, 205 N. River Street, Seguin, Texas 78155, or fax to 830-401-2478, or email to [ada@seguintexas.gov](mailto:ada@seguintexas.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 830-386-2244 within 15 business days of receiving the response. For information on the Request for Reasonable Accommodation Process, please visit [www.seguintexas.gov](http://www.seguintexas.gov).