Carlisle Borough
Request for Reasonable Accommodation Form

*Please complete each section and return to ADA Coordinator listed below.

Section 1: Person Requesting Accommodation

(Last Name, First Name)

(Mailing Address) (Phone Number)

(City, State, Zip Code) (E-mail)

Section 2: Event or Meeting Date (if any):

Event or Meeting Name (if any):

Section 3: Event or Activity (check all that apply):

☐ Borough Meeting (specify location and your role):

☐ Borough service or program (specify department if any):

☐ Other:

Section 4: List all known dates and times the accommodations are needed (specify):

Section 5: What is the nature of your disability?

Section 6: What accommodation would you like and why?
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Section 7: Please provide any information that would help the Borough respond to the request:

Section 8: How do you want to be informed of the status of your request for accommodation?

☐ Telephone       ☐ Letter       ☐ E-mail       ☐ Other (specify)   

(Type or print name of person making request)  (Signature or person making request)  (Date)

Human Resource/Risk Manager
Carlisle Borough – ADA Coordinator
53 West South St.
Carlisle, PA 17013
Phone: 717-249-4422
Relay Service TTY/TTD 711 or 800-654-5984
FAX: 717-240-6615
Email: ADACoordinator@carlislepa.org