Request for Accommodation

Americans with Disabilities (ADA)

Date of Request: _____ *Date Accommodation Needed by:* _____

You may fill out the attached Accommodation Form and:

- Bring into the Community Center
- Fax to 248.689.6497
- Scan and email to *adaptive@troymi.gov*
- Send US post to
  Troy Community Center, Attn: Lyndsey Ramsay
  3179 Livernois, Troy, MI 48083

To allow sufficient time to coordinate inclusion support and accommodations, please register at least two weeks prior to the program start date.

What activity is the ADA accommodation needed for (please check one):

- ☐ Activity Name and Date(s) _____
- ☐ Fitness Membership
- ☐ Other _____

Person Making ADA Request:

Last Name:_____ First Name:_____

Street Address:_____ City:_____ Zip:_____

Email Address:_____ Phone: _____

Person ADA request is for:_____

Relationship to person making ADA request: ☐ Caregiver ☐ Parent ☐ Other_____

ADA Accommodation Request:_____

Please forward all activity and other request forms to Lyndsey Ramsay and Membership request forms to Corey Clark.

For office use only	***Action taken to address requested ADA accommodation:***

Approved By: _____ ***Date:***_____

12/3/2025