
Appendix D – ADA/504 Accommodation Request Form

ADA/504 ACCOMMODATION REQUEST FORM

The Village of Niles does not discriminate on the basis of disability in admission to, or operation of its programs, services, activities or facilities. This form may be used by individuals and their companions with a disability seeking access to Village programs, services, activities or facilities.

ACCOMMODATION REQUEST INFORMATION

Name: _____ **Telephone (or TTY):** _____

Address: _____ **Date:** _____

The program or facility to which I am requesting access is located at:

I am requesting the following accommodation(s):

- Wheelchair Access
- Sign Language Interpretation
- Written Material in Alternate Format (Large Print/Computer Disc)
- Written Material in Braille
- Reader
- Modification of Policy Procedures
- Other

Please provide any other details or information necessary to process this request, such as date of event:

PLEASE RETURN THIS FORM TO:

Department: _____ **Telephone:** _____

Address: _____ **TTY (If Available):** _____

ADDITIONAL QUESTIONS MAY BE DIRECTED TO THE VILLAGE OF NILES ADA COORDINATOR:

Thomas Powers, PE, Director of Public Works
ADA Coordinator/504 Coordinator
Village of Niles
6849 Touhy Avenue
Niles, IL 60714

Email: tjp@vniles.com
Phone: (847) 588-7900

FAX: (800) 877-8339