



**REASONABLE ACCOMMODATION REQUEST FORM**

The City of Coral Gables welcomes individuals with disabilities (residents and visitors) and is committed to its policy of inclusion in the City’s services, programs and activities and to complying with the Americans With Disabilities Act (“ADA”), the Florida Civil Rights Act and related laws. Consistent with this commitment, the City will provide reasonable accommodations to an individual with a disability, unless doing so would fundamentally alter the nature of the City’s service, program or activity, or impose an undue financial or administrative burden on the City.

If you are an individual with a disability and would like to request an accommodation, please complete this form. The City will review the information you provide in this form and contact you if more information or documents are needed to evaluate your request. If the City requests more information or documents, the City asks that you submit them as soon as possible to avoid a delay in responding to your accommodation request.

**If you need assistance in completing this form, need the form in an alternative format (such as a larger font), or need to submit the form in an alternative format (such as a personal interview or by audio recording), please contact the City’s ADA Coordinator. The ADA Coordinator’s contact information is located at the end of this form and on the City’s website under “ADA Notice.”**

**NOTE:** If you are deaf or hard of hearing and are requesting an interpreter, please specify the type of interpreter (i.e., American Sign Language (ASL), signed English, Communication Access Real Time Translation (CART), or other) when describing the accommodations you are requesting

**Accommodation Request Information**

Name of person requiring accommodation: \_\_\_\_\_

Point of Contact (name and relationship): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date the accommodation is needed (if applicable): \_\_\_\_\_

Name of City service, program or activity that is the subject of your accommodation request:

\_\_\_\_\_

What are your functional limitations (i.e., what activities does your disability limit)?

Describe the accommodation(s) you are requesting. Be as specific as possible.

How will this enable you to participate in the City's service, program or activity? Be as specific as possible.

If you have spoken with any City employees about this request, please identify the name and dates (if known).

Provide any other information relevant to your request.

I certify that the statements provided in this request form, and any attachments, are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form to the City's ADA Coordinator:

Raquel Elejabarrieta, Esq. ADA Coordinator  
2151 Salzedo Street, Suite #540  
Coral Gables, FL 33134  
E-mail: [ada@coralgables.com](mailto:ada@coralgables.com)  
Telephone (voice): 305-722-8686  
TTY/TDD: 305-442-1600

**For Parks and Recreation**

**Accommodations:** Coral Gables War  
Memorial Youth  
Center, 405 University Drive,  
Coral Gables, FL 33134  
Registration Office  
Attn: Special Populations Coordinator

If information is needed in another language, please contact the ADA Coordinator.