

Town of Milton

Commission on Disability c/o ADA Coordinator

Reasonable Accommodation Request Form

This form may be submitted to request reasonable accommodation(s) to allow persons with disabilities access to services, programs and/or activities that are provided or made available by the Town of Milton. Please fill in all fields below and describe the specific need(s) or accessibility barrier(s).

Date: _____

Name: _____

Address: _____

Contact Information:

Email: _____

Phone No: _____

Best day of the week and time of day to contact you if necessary: _____

Service, program and/or activity wished to be accessed using the reasonable accommodations is:

Date: _____ Time from: _____ To: _____

Meeting: _____ Building: _____

Describe the nature of the accessibility issue (use back of page if necessary):

This ADA request may be made by email, fax or regular mail to: Joseph Prondak, ADA Coordinator Email: jprondak@townofmilton.org or Phone: 617-898-4925 Town of Milton, Commission on Disability, ADA Coordinator 525 Canton Ave., Milton, MA 02186

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