



ADA ACCOMODATION REQUEST

The Town of Leesburg prohibits discrimination against individuals with disabilities in its services, programs, accessibility and activities.

IMPORTANT:

- Form must be signed.
- Please submit signed and completed form to:

**ADA COORDINATOR
TOWN MANAGER'S OFFICE
TOWN OF LEESBURG
25 WEST MARKET STREET
LEESBURG, VA 20176**

TYPE OF ACCOMODATION:

- Service/Program Facility Accessibility Communication Employment
- Other (*please explain*) _____

CONTACT INFORMATION:

Requesting Individual

Name: _____

Phone Number: _____ Alternate Phone Number: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Email Address: _____

By checking this box, you indicate that you do not want your email address disclosed.

On Behalf Of (if different than Requesting Individual)

Name: _____

Phone Number: _____ Alternate Phone Number: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Email Address: _____

By checking this box, you indicate that you do not want your email address disclosed.



ADA ACCOMMODATION REQUEST *(continued)*

DETAILED INFORMATION OF REQUEST:

Please provide date accommodation is needed *(if applicable)*: _____

Please specify the location where accommodation is needed: _____

Please describe your request:

Please include any additional comments: _____

SIGNATURE: _____ **DATE:** _____

Please submit the completed and signed form to:

ADA Coordinator, Town Manager's Office, Town of Leesburg, 25 West Market Street, Leesburg, VA 20176

For questions about this form, please contact: ADA Coordinator at ADA@leesburgva.gov or call 703-771-2700.

For Office Use Only:

Date Received: _____ Date of Contact with Request: _____ Date Accommodation is Made/Denied: _____

The request for accommodation has been GRANTED

The request for accommodation is GRANTED with the following ALTERNATIVE: _____