



The Americans with Disabilities Act REASONABLE ACCOMMODATION REQUEST FORM

Date: _____ Name: _____

Street Address: _____

City: _____ State _____ Zip Code: _____

Preferred Method of Contact:

Email: _____

Phone (day): _____

Please specify the program, service, activity, policy, or communication for which you seek accommodation:

Request for Reasonable Accommodation

1. I am requesting accommodation (check all that apply):

___ that will allow me to participate in a program or activity offered by the City of San Marcos. Please specify the program or activity:

___ by asking for an exception to a rule, policy, or procedure. Please specify the rule, policy, or procedure:

___ other - please specify (for example, the way that the City of San Marcos communicates with you):

2. Describe the accommodation you are requesting:

3. Describe how this accommodation will assist you. (Please attach additional sheets as necessary):

Return to: City of San Marcos, ADA Coordinator, 630 E Hopkins, San Marcos, TX 78666, Fax: (512)393-8074 or email ADAResponse@sanmarcostx.gov.

Thank you for completing this form. Your request will be addressed. Should you be unsatisfied with the response to your request you may appeal to the ADA Coordinator at 512-393-8000 within 15 business days of receiving the response. For information on the "[ADA Reasonable Accommodation](#)", please visit www.sanmarcostx.gov.