

## REQUEST FOR ACCOMODATION / MATERIALS IN ALTERNATE FORMAT

## Please fill out this form completely and mail it to:

Bend Park and Recreation District c/o ADA Coordinator 799 SW Columbia St. Bend, OR 97702

## Or e-mail it as an attachment to:

info@bendparksandrec.org

	Phone: (Home) () (Business) ()	-
House/Business Num	ber or PO Box	
City, State, Zip Code	Date:	
nmodation needed	Materials in Alternative Format needed	
		(Business) () House/Business Number or PO Box City, State, Zip Code Date: modation needed Materials in Alternative

Description of program/service/activity to be accommodated, or materials to be reformatted:

Location (park or facility) of accommodation:

Date accommodation/alternative format is needed:

Brief statement as to why the accommodation/ alternative format are needed (attach documentation or photo as needed):

What type of alternative format is desired (i.e. Braille, audio recording, computer file, etc):

Person(s) affected by the situation (if other than the reporting individual):

Name:	Phone: (Home) ()
	(Business) ()

Address:

Street or PO Box

City, State, Zip Code