



**Bend Park &  
Recreation**  
D I S T R I C T

**REQUEST FOR ACCOMODATION / MATERIALS IN ALTERNATE  
FORMAT**

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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:

[jobs@bendparksandrec.org](mailto:jobs@bendparksandrec.org)

**Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_  
House/Business Number or PO Box

\_\_\_\_\_  
City, State, Zip Code

**E-mail:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Accommodation needed

Materials in Alternative  
Format needed

**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):**

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

**Name:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street or PO Box

\_\_\_\_\_  
City, State, Zip Code