



The Americans with Disabilities Act REASONABLE ACCOMMODATION REQUEST FORM

Date: _____ Name: _____

Street Address: _____

City: _____ State _____ Zip Code: _____

Preferred Method of Contact:

Email: _____

Phone _____

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 Buda. 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 Buda 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 Buda, ADA Director, 405 E. Loop Street, Building 100
Buda, TX 78610, Fax: (512) 523-8896 or email BudaHR@budatx.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 Director at (512) 523-1043 within 15 business days of receiving the response. For information on the "[ADA Reasonable Accommodation](#)", please visit www.budatx.gov.