

CITY OF PHILADELPHIA  
**DISABILITY ACCOMMODATION REQUEST FORM**

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**The City of Philadelphia does not discriminate on the basis of disability in admission to, or operation of its programs, services, or activities, or in its hiring and employment practices.**

**This form may be used by a job applicant with a disability, an employee with a disability, or a private citizen with a disability seeking access to a City program or facility.**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (or TDD) \_\_\_\_\_

Date \_\_\_\_\_

I am a (please check one):

Job Applicant     City Employee     Private Citizen

The program or facility to which I am requesting access is located at:

I am requesting the following accommodation(s):

Wheelchair Access     Sign Language Interpretation\*\*  
 Written Material in Alternate Format (Large Print, Computer Disc)  
 Written Material in Braille\*\*     Reader\*\*     Other

(\*\*Requires 72 Hours Advance Notice Except in Emergencies)

Please provide any other details or information necessary to process this request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this form to:**

Department ADA Coordinator: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

TDD (If available): \_\_\_\_\_

**Additional Questions May Be Directed to the Mayor's Commission on People with Disabilities at:**

1401 JFK Blvd.  
Municipal Services Building, Room 900  
Philadelphia, PA 19102  
215-686-2798