



ACCOMMODATION REQUEST FORM

LABOR RELATIONS/COMMUNITY AFFAIRS DIVISIONS HUMAN RESOURCES DEPARTMENT

The City of St. Petersburg does not discriminate on the basis of disability in admission to, or operation of its programs, services, activities or facilities. This form may be used by individuals and their companions with a disability seeking access to City programs, services, activities or facilities.

ACCOMMODATION REQUEST INFORMATION

Name: _____

Telephone (or TTY): _____ Date: _____

Address: _____

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
- Modification of Policy Procedures
- Other

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

PLEASE RETURN THIS FORM TO:

Department: _____ Telephone: _____

Address: _____ TTY (If Available): _____

ADDITIONAL QUESTIONS MAY BE DIRECTED TO THE DIVISION OF COMMUNITY AFFAIRS OR LABOR RELATIONS:

City of St. Petersburg
Community Affairs Division
Human Resources Department
One – 4th Street North
St. Petersburg, Fl. 33701
(727) 893-7345 / Fax: 727-551-3247
Community.Affairs@stpete.org