

REQUEST FOR REASONABLE ACCOMMODATIONS



Date

Name		Telephone Number	
Street/Mailing Address	City	State	ZIP Code
Preferred Method of Contact <input type="checkbox"/> Day Phone <input type="checkbox"/> Email <input type="checkbox"/> USPS		Email Address	
Type of Event: <input type="checkbox"/> Public Meeting/Public Hearing <input type="checkbox"/> Training <input type="checkbox"/> Other (specify) _____			
Date of Event	and/or	Date Needed	Location of Event

PART II: LIMITED ENGLISH PROFICIENCY (LEP)

<input type="checkbox"/> Yes <input type="checkbox"/> No Do you need language assistance for LEP?	
Language Assistance	
<input type="checkbox"/> Oral Interpretation (specify language) _____	
<input type="checkbox"/> Written Translation (specify language) _____	
Name of Documents	

PART III: AMERICANS WITH DISABILITIES ACT (ADA)

<input type="checkbox"/> Yes <input type="checkbox"/> No Do you need an accommodation for a disability?	
Types of Accommodation	
<input type="checkbox"/> Interpreter for deaf (specify ASL, tactile, etc.) _____	
<input type="checkbox"/> Assistive Listening device (specify) _____	
<input type="checkbox"/> Physical location accessible for persons with a physical mobility impairment.	
<input type="checkbox"/> Other (specify) _____	
Nature of Disability (Medical documentation may be requested)	
<input type="checkbox"/> Physical Mobility Impairment (specify) _____	
<input type="checkbox"/> Speech Impairment (specify) _____	
<input type="checkbox"/> Visual impairment (specify) _____	
<input type="checkbox"/> Hearing Impairment (specify) _____	
<input type="checkbox"/> Other (specify) _____	
Alternative Format (Indicate first, second, third choice if possible.)	Date Needed
<input type="checkbox"/> Braille	
<input type="checkbox"/> Large Print (font point size) _____	<input type="checkbox"/> Audio Recording -MP3 _____
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> CD/Flash Drive _____
Name of Documents	

For Office Use Only The accommodation request is:		
<input type="checkbox"/> Granted as requested	<input type="checkbox"/> Granted with change - see additional information	<input type="checkbox"/> Denied - see additional information

Instructions for Reasonable Request for Accommodations Form:

Requests for Reasonable Accommodations can be made by completing this form.

If you prefer to complete the Request for Reasonable Accommodations form electronically go to the Bismarck-Mandan Metropolitan Planning Organization's website at: <http://www.bismarcknd.gov/DocumentCenter/View/23201> . You may then submit the form in one of the following ways:

1. Save the completed form to your computer and email a copy of it to: mpo@bismarcknd.gov .
2. Mail a printed copy of the completed form to:
Bismarck-Mandan MPO
ADA Coordinator
P.O. Box 5503
Bismarck, ND 58506-5503

If you need assistance to complete the Request for Reasonable Accommodations form, please contact ADA Coordinator, Bismarck-Mandan MPO at 701- 355-1330 or hr@bismarcknd.gov . TTY users may use Relay North Dakota at 711 or 1-800-366-6888.

REQUESTS MUST BE MADE AS SOON AS POSSIBLE.

Appropriate provisions will be considered when the MPO/ADA Coordinator is notified at least ten (10) days prior to the meeting date or fifteen (15) days prior to the date the written comments are due.

Converting printed material may take several weeks.

PART I

Complete all information in this section.

PART II: Limited English Proficiency (LEP)

Check all boxes that apply to the type of language assistance that you are requesting.

PART III: Americans with Disabilities Act (ADA)

Check all boxes that apply to the accommodation(s) that you are requesting.