

CITY OF MASON ACCOMMODATION REQUEST FORM

DATE:			
NAME:			
PHONE:			
EMAIL:			
SUGGESTIONS FOR CITY ACCESSIBILITY IMPROVEMENTS:			
EVENT:			
TYPE OF REQUEST: (SELECT ALL	ASL - ON SITE	LANGUAGE – ON SITE SPECIFY LANGUAGE:	VIDEO REMOTE INTERPRETING
THAT APPLY)	OPI – OVER THE PHONE INTERPRETING	CAPTIONING	WHEEL CHAIR
	BRAILLE	OTHER:	
LOCATION OF REQUEST:			
DATE SERVICE IS NEEDED:			
TIME OF EVENT:			
LENGTH OF EVENT:			
CONTACT FOR DAY OF EVENT:			
CONTACT PHONE:			
ADDITIONAL COMMENTS/SPECIFICS:			
DEPARTMENT USE ONLY:			
DATE REQUEST RECEIVED: DATE REQUEST COMPLETED:			COMPLETED:
SIGNATURE:			
COMMENTS:			