



City of Jacksonville Beach • 11 North Third Street • Jacksonville Beach, FL 32250

ACCOMMODATION REQUEST FORM

The City of Jacksonville Beach does not discriminate on the basis of disability in admission to, or operation of, its programs, services, activities, facilities, policies, procedures, or employment. Accordingly, this form may be used by individuals and their companions with a disability seeking an accommodation.

ACCOMMODATION REQUEST INFORMATION

Name: _____

Address: _____

The program, service, activity, facility, policy, procedure, or employment-related matter to which I am requesting an accommodation is: _____

Located at: _____

On (Date and Time): _____

I am requesting the following accommodation(s):

- Sign Language Interpretation**
- Written material in alternate format (large print, Braille, etc.)**
- Qualified Reader for visual impairment**
- Closed captioning**
- Language translator**
- Request for modification of policy or procedures**
- Other:** _____

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

Please return this form to the ADA Coordinator by hand delivery or mail at 11 North Third

Street, Jacksonville Beach, FL 32250, or by email at ebrosch@jaxbchfl.net