

## HARMONY CDD - TITLE II ADA ACCOMMODATION REQUEST FORM

Please return this completed form as far in advance as possible, but preferably at least 72 hours before the scheduled service, program, or activity, to:

Angel Montagna, District Manager  
313 Campus Street  
Celebration, Florida 34747  
Phone: 813-576-9748 or Fax: 407-566-2064  
Email: Angel.Montagna@inframark.com

1. Date request submitted:

2. Person needing accommodation

Name:

3. Contact information for person needing accommodation

Street or P.O. Box:

City:

State:

Zip Code:

Telephone Number (include area code):

Email Address:

4. Person making request (if other than the person needing the accommodation)

Name:

Phone Number (include area code):

Email Address:

Relationship to person needing an accommodation:

5. Accommodation information

Date accommodation needed:

Time accommodation needed:

Location accommodation needed:

Duration for which the accommodation is requested:

6. Accommodations requested

Nature of disability that necessitates accommodation:

Accommodation requested (please check one of the following six options):

Assistive listening device.

Communication access real-time translation/real-time transcription services.

Sign Language Interpreter (Please specify American Sign Language, oral interpreter, signed English, or other type of signing system used by persons with hearing loss.):

Change to a facility that is accessible to a person using a mobility device (Please specify wheelchair, scooter, walker, or other mobility device that is used):

Provision of documents in an alternative format (Please specify Braille, large print, accessible electronic document, or other accessible format used by persons who are blind or have low vision.):

Other accommodation (please specify):