# CITY OF AZTEC

## REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL

201 W. CHACO ST., AZTEC, NM 87410

Check One: ☐ Accommodation ☐ Barrier Removal

**CONTACT INFORMATION**

Name: _____
Last MI First

Address: _____
City State Zip Code

Phone: _____

E-Mail (optional): _____

Preferred Method(s) of Communication (Check all that apply):

☐ Voice Phone ☐ In Person ☐ E-Mail ☐ U.S. Mail ☐ Other _____

**NEED ASSESSMENT**

Location of Need: _____

_____

_____

Brief Explanation for Need: _____

_____

_____

_____

**CERTIFICATION**: I certify that I have a disability or medical condition that requires reasonable accommodation, which will be met by acquiring equipment, services, or work adjustments described above.

Signature: _____ Date: _____

If person needing accommodation is not the individual completing this form, please provide Representative's contact information:

Name: _____

Address: _____

Telephone: _____

NOTE: Accommodations and Barrier Removal requests are conducted and prioritized by the City with regard to budget and scheduled projects. For more information or assistance in completing this form, please contact:

Public Works Director (505) 334-7661 OR General Services Director (505) 334-7664