



Reasonable Accommodation Request Form

To: _____
(Department Head)

From: _____
(Name of person requesting accommodation)

Address: _____
Street Apt# City State Zip

Telephone: _____

Request for Reasonable Accommodation

I am requesting an accommodation that will allow me to participate in a Cosumnes Community Services District offered program, activity or service.

Activity name:

My specific functional limitation is:

Describe the accommodation being requested:

Describe how the accommodation will assist you in participating in the activity, program or service offered by the Cosumnes Community Services District:

(Signature) (Date)