



**Americans with Disabilities Act
Accommodation Request Form**

This form must be submitted **at least seven (7) business days in advance** of the desired program or service. If necessary, assistance will be provided to complete this request form.

The Village of Plainfield is committed to assuring accessibility, with reasonable accommodations, of Village services, facilities and programs, for all individuals, in compliance with Federal Law. The Americans with Disabilities Act (ADA) does not require the Village of Plainfield to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Date: _____

Name: _____

Address: _____

Phone: _____

Village Program/Service for which accommodation is requested: _____

Date/Time: _____ Location: _____

Accommodation requested: _____

Employee Assigned: _____ Department: _____

Action Taken: _____

Employee Signature: _____ Date: _____

**Please submit this form to ADA Coordinator, Village of Plainfield, 24401 W. Lockport Street,
Plainfield, IL 60544 or info@goplainfield.com.**