



Borough of Chambersburg

*A full service municipality in Franklin County
celebrating over 65 years of consumer owned natural gas service
over 100 years of community electric and a
regional wastewater, water, and municipal solid waste utility*

Request for Reasonable Accommodation to Access Services, Programs, or Activities

THIS FORM REQUESTS A DETAILED NARRATIVE DESCRIPTION OF THE REQUESTOR'S IMPAIRMENT AND REQUEST FOR ACCOMMODATION. THE FORM MAY BE COMPLETED BY THE INDIVIDUAL IN NEED OF AN ACCOMMODATION OR BY OTHER PERSONS WHO POSSESS THE REQUESTED INFORMATION, SUCH AS A PHYSICIAN (PSYCHIATRIST, PSYCHOLOGIST), OCCUPATIONAL OR PHYSICAL THERAPIST, SOCIAL WORKER, OR FAMILY MEMBER, OR A COMBINATION OF THESE PERSONS. THE PURPOSE OF THIS FORM IS TO HELP DETERMINE WHETHER A REASONABLE ACCOMMODATION CAN BE MADE TO ALLOW PARTICIPATION IN SERVICES, PROGRAMS, OR ACTIVITIES OFFERED BY THE BOROUGH OF CHAMBERSBURG.

INFORMATION ACQUIRED THROUGH THIS PROCESS WILL BE KEPT CONFIDENTIAL AND WILL NOT BE SHARED UNLESS THE IMPAIRED INDIVIDUAL AUTHORIZES RELEASE OF THE INFORMATION.

Date of Request: _____

Person in Need of Accommodation:

Name: _____

Address: _____

Phone number: _____

Contact Information of Person Completing Form (if different from above):

Name: _____

Address: _____

Phone number: _____

Relationship to person in need of accommodation: _____

Service/Program/Activity Information:

Name of Service/Program/Activity: _____

Start Date of the Service/Program/Activity: _____

Accommodation Requested:

1. Please describe the nature and severity of the impairment(s) and how it will impact your ability to participate in the service, program, or activity identified above:

2. Please describe the accommodation(s) you are requesting:

3. Please describe how the accommodation(s) will assist you in participating in the service, program, or activity identified above:

DEPENDING ON THE NATURE OF THE IMPAIRMENT(S) AND THE ACCOMMODATION(S) REQUESTED, THE BOROUGH OF CHAMBERSBURG MAY REQUIRE A MEDICAL RELEASE, SIGNED BY YOUR PRIMARY CARE PHYSICIAN, CERTIFYING THAT YOU ARE CAPABLE OF PARTICIPATING IN THE SERVICE, PROGRAM, OR ACTIVITY WITHOUT ENDANGERING YOUR HEALTH OR WELLBEING. FAILURE TO PROMPTLY PROVIDE THE BOROUGH WITH THIS MEDICAL RELEASE MAY DELAY OR PREVENT YOUR PARTICIPATION IN THE SERVICE, PROGRAM, OR ACTIVITY.

Please submit this completed form to Julie Redding, Assistant Superintendent of Recreation, 235 South Third Street, Chambersburg, PA 17201.