

# ACCOMMODATION/ACTION REQUEST FORM

## Requester

Request received by \_\_\_\_\_ Date received \_\_\_\_\_

Name of person completing form \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Contact phone number \_\_\_\_\_

Name of person needing accommodation \_\_\_\_\_

Address \_\_\_\_\_

Contact phone number \_\_\_\_\_

## Accommodation type

Program participant     Visitor     Other (*describe*) \_\_\_\_\_

Describe accommodation request \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of request     Permanent     Temporary (*list duration*) \_\_\_\_\_

Estimated cost of accommodation (*if known*) \$ \_\_\_\_\_ Charge to \_\_\_\_\_

Requester signature \_\_\_\_\_

## Approval

Forward all requests to ADA coordinator electronically and follow-up with paper form.

Request approved     Yes     No (*why*) \_\_\_\_\_

If approved but modified, explain modification \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADA representative signature \_\_\_\_\_ Date \_\_\_\_\_