

**Americans with Disabilities Act (“ADA”) Title II (non-employee)
and Federal Fair Housing Act (“FHA”) Reasonable Accommodation/Modification
in Public Services, Programs or Activities Request Form**

The City of South St. Paul (“City”) is committed to complying with the ADA, FHA and the Minnesota Human Rights Act (“MHRA”). The City Council will review each request on an individualized, case-by-case basis.

This form includes questions that give you an opportunity to provide your relevant information that, if you choose, may include personal health information. If provided, this information will be used by City Staff and the City Council to evaluate your reasonable accommodation request. You are not legally required to provide any personal health information to the City, and you may decline to provide some or all of the information requested. However, please understand that it is your responsibility to provide enough information to establish the need for the requested accommodation.

Please Note: The City is governed by the Minnesota Government Data Practices Act (“MGDPA”) which requires that all data provided to the City be considered public data unless otherwise protected under MGDPA or other relevant law. It is possible that some types of data you choose to provide may be protected. But currently, health information provided for a reasonable accommodation request is not protected under the MGDPA. This means that information you provide to the City for this request may be considered public data.

Date of Request:

Person needing accommodation/modification:

Name:

Address:

Email:

Phone:

Person making request (if different from person needing accommodation/modification):

Name:

Address:

Email:

Phone:

Relationship to person needing accommodation/modification:

Accommodation Information:

Date accommodation/modification is needed:

Address and/or room of accommodation/modification:

Please describe the disability for which you request accommodation/modification [You may attach additional documentation or information as you choose]:

Type of accommodation/modification requested (please be specific) [You may attach additional documentation or information as you choose]:

Please explain why the accommodation/modification is needed to make a City service, program, activity, or housing available to you (or available to the person(s) on whose behalf you are applying). [You may attach additional documentation or information as you choose]:

How would you like to be notified of the status of your request?:

Phone Email Writing Other (specify:

If someone else has completed this form on your behalf and you want that person to be notified of the status of your request, please initial here:

Signature of Requestor: _____

Date:

OFFICE USE ONLY

RESPONSE TO REQUEST FOR ACCOMMODATION/MODIFICATION

Date request received:

The request for accommodation/modification is **GRANTED** per City Council Resolution No. _____.
Below is a summary of the accommodation/modification granted:

The request for accommodation/modification is **DENIED** per City Council Resolution No. _____
because:

The requester does not meet the essential eligibility requirements or qualifications for the program,
service, activity, or housing without regard to disability;

The requested accommodation/modification was not shown to be reasonably necessary to provide a
disabled person with equal opportunity to enjoy a city program, service, activity, or housing;

The requested accommodation/modification would impose an undue burden on the City; and/or

The requested accommodation /modification would fundamentally alter the nature of the service,
program, activity, or housing.

Requester notified on: (Date) _____ via: _____

Additional notes;

City Clerk/Other Official:

Name: _____

Signature: _____

Date: _____