

City of Delray Beach
Reasonable Accommodation Request Form

1. Name of Applicant: _____
2. Telephone Number: _____
3. Address: _____
4. Address of housing or other location at which accommodation is requested: _____
5. Describe qualifying disability or handicap: _____

6. Describe the accommodation and the specific regulation(s) and/or procedure(s) from which accommodation is sought: _____

7. Reasons the reasonable accommodation may be necessary for the individual with disabilities to use and enjoy the housing or other service: _____

8. Name, address and telephone number of representative, if applicable: _____

9. Other relevant information pertaining to the disability or property: _____

Signature of Disabled Individual
or Representative, if applicable, or Qualifying
Entity:

Date

** Please return this form to the Planning and Zoning Department located at 100 NW 1st Avenue, Delray Beach, FL 33444