



CITY OF LENEXA  
APPLICATION FOR REASONABLE ACCOMMODATION  
(NON-EMPLOYMENT RELATED)

**This form is to be completed by or on behalf of a person desiring a reasonable accommodation due to a qualifying disability in accordance with the Americans with Disabilities Act (ADA) and City of Lenexa Administrative Policy AD08-E.**

Name of person requesting accommodation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name and contact information of person completing form (if different): \_\_\_\_\_

What is the nature of the disability that requires the requested accommodation?

\_\_\_\_\_  
\_\_\_\_\_

Describe the problem you are experiencing in participating in or benefitting from services, programs or activities of the City as a result of your disability?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are you requesting that the City of Lenexa do to accommodate your disability in order to resolve the problem you are experiencing?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(attach additional pages or documentation, if necessary)*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Applicant or Authorized Representative

Return completed form to:

ADA Coordinator/Assistant to the City Manager  
17101 W. 87<sup>th</sup> Street Parkway  
Lenexa, KS 66219  
Phone: (913) 477-7550 Fax: (913) 477-7639  
Email: mnolan@lenexa.com