

**WHITEWATER JUNCTION AQUATIC CENTER
REQUEST FOR AN ACCOMMODATION ON THE BASIS OF DISABILITY**

If you or a family member has a disability, and need an accommodation to have equal opportunity to participate in services, programs or activities of Whitewater Junction, please complete this form and return it to Rock Island Parks and Recreation at 4303 24th Street, Rock Island, IL, 61201, or you may access the form online at <http://rigov.org/84>. We will respond to this request in accordance with the procedures set forth in our Accommodation Policy. If you require assistance in completing this form, or want to make an oral request, contact us for assistance at 309-732-7275. This form is just a guide; your request for a reasonable accommodation may be made in any alternate manner, as long as the information requested below is provided.

Name of Individual Making Request _____

Today's Date _____

The person who has a disability requiring a reasonable accommodation is:

Me _____ A family member or person associated with me _____

Name of person with disability _____

Phone # _____ Email _____

Address _____

I am requesting the following accommodation, or change in rule, policy, or practice so that a person with a disability can have an equal opportunity to participate in the services, programs or activities of Whitewater Junction Aquatic Center:

This accommodation is needed because:

I understand I am not required to provide private medical records about the nature and extent of disability; however, to facilitate my request, I am voluntarily attaching the following documentation from a healthcare provider stating that the requested accommodation is necessary due to disability:

Signature of Person Making Request

Date

Signature of Person Receiving Request

Date

FORM TO BE COMPLETED BY WHITEWATER JUNCTION STAFF WHEN RECEIVING A VERBAL REQUEST FOR A REASONABLE ACCOMMODATION

On _____ [date], _____ [name] orally requested the following reasonable accommodation:

I, _____ [name]:

[Check all that apply]

- Gave the requester the applicable form and offered to assist in filling it out
- Documented the verbal request on this form without providing the applicable form
- Gave the requester a copy of the Accommodations Policy
- Informed the requester when management would discuss the request with him/her
- Other response as described below:

Signature

Date

Requester's Address _____

Requester's Telephone Number _____

Requester's Email Address _____

**WHITEWATER JUNCTION'S NOTICE OF APPROVAL OR DENIAL OF
ACCOMMODATION REQUEST**

Dear: _____

Address: _____

Phone: _____

Email: _____

On _____ [date], you requested the following accommodation on the basis of disability [describe request]:

On _____ [date], the following individuals spoke with you to discuss your accommodation request: _____

We have (check all that apply):

___ **Approved** your request. The following reasonable accommodation will be permitted:

___ The change is effective immediately.

___ The reasonable accommodation is not effective immediately because [list reason(s) accommodation cannot be implemented immediately]

We anticipate that the accommodation will be made by _____ [date], and we will notify you if we discover that there will be a delay.

___ **Can neither approve nor deny your request** without the following additional information:

___ **Denied** your request, in whole or in part. We have denied your request because [You must check at least one]:

- ___ Granting the request would impose an undue administrative burden
- ___ Granting the request would impose an undue financial burden
- ___ Granting the request would fundamentally alter the nature of our operations
- ___ Granting the request would compromise the safety of an individual(s)
- ___ Granting the request would conflict with safety policies and procedures

We based the denial on the following facts:

We are offering the following alternative accommodation:

Please let us know if you accept the proposed alternative accommodation by contacting

If you disagree with this decision, you may submit an appeal within 3 days of this notice which we will review, and discuss with you within 30 days of receiving the revised request.

Sincerely,

Signature: _____ Date: _____

Name: _____ Title: _____