



CITY OF CEDARBURG

ADA Request for Reasonable Accommodation or Modification



Your Name: _____ Email Address: _____

Your Address: _____ City: _____ State: _____

Phone Number: _____

Program, service or event for the request: _____

Location of program, service or event: _____

Date of program, service or event (Enter as MM/DD/YYYY): _____

I am requesting the following accommodation or modification (Circle One):

Wheelchair Access ASL Interpretation Services Printed Material in Alternate Format

Modification of Policy or Procedures Other: _____

If you request printed material please describe the material and desired format type:

If you selected other please describe your request in more detail:

Please provide any additional details necessary to process this request:

*All forms shall be given or sent to the City of Cedarburg ADA Coordinator Mikko Hilvo, City Administrator,
W63N645 Washington Ave, Cedarburg, WI 53012 or emailed to mhilvo@ci.cedarburg.wi.us.