

ADA ACCOMMODATION - CITY OF NEW HAVEN

REQUEST FORM

PETITIONER INFORMATION:	
Name:	
Address:	
Daytime Phone:	
Email:	
LOCATION INFORMATION	
Address (If Known):	
Location Description:	
NATURE OF REQUEST	
Sidewalk, Ramp, Parking:	
Crosswalk, Pedestrian Signal:	
Building Access:	
Programming:	
Other:	
Describe the Request:	
FOR LOCAL/ADA COORDINATOR USE ONLY	
City Representative Preparing the Form, if not by Petitioner and Date Request Received:	
Date Received by Department Head, If Appl.:	
Date Received by ADA Coordinator:	
Date of Initial Contact:	
Date of Meeting or Site Visit:	
Date Assigned to Department Head/Who:	
Date Returned from Department:	
Date ADA Coordinator's Decision Mailed:	
Date Appeal Received by Council:	
Date First on City Council Agenda:	
Date City Council Decision:	
Date Council Decision Mailed:	