



LAKE HAVASU CITY CITIZEN'S REQUEST FOR REASONABLE ACCOMMODATION (NON-EMPLOYMENT RELATED)

Return completed form to the Community Investment Department

2330 McCulloch Blvd. N., Lake Havasu City, AZ 86403 Phone: 928.453.4148 Website: www.lhcaz.gov

For faster processing, email completed form to: planningapplications@lhcaz.gov

To review ADA accommodation procedures see Lake Havasu City Code Section 2.64

CLICK HERE

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 and Lake Havasu City Code Chapter 2.64.

DATE _____

(1) APPLICANT NAME, ADDRESS, AND CONTACT INFO

_____	PHONE _____
_____	EMAIL _____

(2) FACILITY AREA/PROGRAM REQUIRING A REASONABLE ACCOMMODATION:

(3) SUBMITTAL REQUIREMENTS

- a) Requests shall be made in writing.
- b) Alternative means of making requests, such as verbal or tape recorded requests, will be made available upon request.
- c) When possible, requests should be made within 10 days of the time the applicant first becomes aware of the need for an accommodation.

(4) FORM PROCESSING TIMEFRAME

- a) Staff reviews request, contacts applicant if necessary, consults with internal departments, and renders a decision in writing (15 business days).
- b) Staff may request an extension of time to respond to a request if it is determined necessary.

(5) CONTACT THE COMMUNITY INVESTMENT DIRECTOR FOR FURTHER INFORMATION

Greg Froslied, Director, 928.854.0776 email froslied@lhcaz.gov
Diane Libby, Management Specialist, 928.854.0779 email libbyd@lhcaz.gov

(6) CLARIFICATION

A person may request the City to clarify its interpretation or application of a statute, ordinance, code, or policy affecting the procurement of this license in accordance with ARIZ. REV. STAT. § 9-839.

(7) CERTIFICATION/ACKNOWLEDGEMENT

- a) I hereby file the above request as an authorized applicant.
- b) To the best of my knowledge, the information provided herein is accurate and true.
- c) I am aware of the steps and timeframes involved in the processing of this form.

To submit this application electronically, Lake Havasu City requires that you certify your application by submitting an electronic signature. Please type your name in the field below and click the confirm signature check box.

SIGNATURE _____

DATE _____

CONFIRM SIGNATURE

CITY USE ONLY BELOW THIS LINE

REQUEST APPROVED

REQUEST DENIED

CONDITIONS OF APPROVAL (if any)

BY _____

DATE _____