



**Human Resources**

12145 NW Grand Avenue, El Mirage 85335

623-876-2949; Fax 623-876-4604; TDD 623-933-3258

www.cityofelmirage.org

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**CITY OF EL MIRAGE**

**REQUEST FOR ACCOMMODATION**

**DATE:**

**NAME:**

**ADDRESS:**

**PHONE:**

**CITY:**

**EMAIL:**

**ZIP CODE:**

**RECRUITMENT NO. / POSITION TITLE AFFECTED:**

**DATE DESIRED (if applicable):**

**DESCRIPTION OF ACCOMMODATION REQUESTED:**

**NATURE OF DISABILITY:**

I hereby request the above accommodation and affirm that I am a qualified individual with a disability pursuant to the Americans with Disabilities Act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please note that a certification of disability from a Physician may be requested.*

HR USE ONLY

ACTION DATE:  
INITIALS: