



Rental# \_\_\_\_\_

**SPECIAL NEEDS & ACCESSIBILITY FORM**

This form must be submitted at least 72 hours prior to event.

Please complete information below. If you already have an account enter your Login ID (if organization, use Login ID of authorized agent of Organization), Name and Phone Number, then skip to the SPECIAL NEEDS INFORMATION Section.

**APPLICANT INFORMATION**

Organization/Group/Team/Name \_\_\_\_\_ Login ID \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Contact Person/Coach (authorized agent) \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

**SPECIAL NEEDS INFORMATION**

Event/Program \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Complex \_\_\_\_\_

**ACCESSIBILITY**

List special auditory needs \_\_\_\_\_

List special visual needs \_\_\_\_\_

List special mobility needs \_\_\_\_\_

List other accessibility needs for which we may be helpful \_\_\_\_\_

Other Needs \_\_\_\_\_

**USAGE TERMS**

AMERICANS with DISABILITIES ACT - Parks and Recreation is committed to making its facilities accessible, usable, and user-friendly to persons with disabilities, and to further the concept of equal treatment for people with disabilities to the maximum extent possible consistent with the Americans with Disabilities Act.

Everything that I have stated on this application is correct to the best of my knowledge. I understand that the Department will retain this application whether or not it is approved. I agree that while we use Parks and Recreation facilities we will not discriminate on the basis of race, creed, color, religion, disability, gender and age. I have read, understand, and agree to abide by the policies, rules and regulations as they pertain to the requested usage.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

DEPARTMENT USE ONLY		
Signature _____	Date _____	Time _____
Application received by Region Superintendent/Park Manager _____ on _____		
<input type="checkbox"/> The Department is able to comply with your needs and looks forward to serving you.		
<input type="checkbox"/> The Department is able to comply with your needs except for the following: _____		
<input type="checkbox"/> The Department is unable to comply with your needs. Please consider our facilities again for future use. Please feel free to call to discuss this further if you wish.		