



# CITY OF SAND SPRINGS

100 E. Broadway St. • P.O. Box 338 • Sand Springs, Oklahoma 74063  
Phone: 918.246.2500 • sandspringsok.org

## Accommodation Request Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Describe the nature, extent and duration of your disability:

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Describe the accommodations you believe are needed to appropriately allow you to communicate and participate in a meeting, court hearing, or other interaction with the City of Sand Springs.

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Where will the accommodation be needed?

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What is the Date of accommodation? \_\_\_\_\_

Recommendations:

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_