

**DANIEL TOWN**  
**APPLICATION FORM FOR [REDACTED] REASONABLE ACCOMMODATION**

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

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

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

Fax number: \_\_\_\_\_

Detailed description of proposed accommodation to be considered: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of physical or mental impairment, medical hardship, or handicap that substantially  
Limits one or more major life activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*Please attach additional pages as necessary. Documentation of the disability or medical  
hardship by a physician or other similarly qualified licensed health-care provider is required.*

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

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

\_\_\_\_\_