

**CITY OF MONONA
AMERICANS WITH DISABILITIES ACT (ADA)
ACCOMMODATION REQUEST**

Protection is afforded under the ADA to a qualified individual with a disability.

Instructions: Please complete this form in its entirety and return to ADA Coordinator, Leah Kimmell.

Mail to: City of Monona Attention Leah Kimmell, 5211 Schluter Road, Monona WI 53716 (or)
Email: lkimmell@ci.monona.wi.us (or)
Fax: 608-222-9225

Any questions regarding this form, please call ADA Coordinator, Leah Kimmell at 608-222-2525.

Name:		
Address:		
Primary Phone:	Secondary Phone:	Email:

**Please identify below the facility and/or building
for which you are requesting an accommodation:**

Municipal Buildings:

- City Hall - 5211 Schluter Road
- Community Center – 1011 Nichols Rd
- Senior Center – 1011 Nichols Rd (lower level)
- Library - 1000 Nichols Rd
- Public Works Facility – 851 Femrite Dr

Parks & Recreation Facilities:

- Winnequah Park – 5301 Healy Lane
- Ahuska Park – 400 E. Broadway
- Community Pool – 1013 Nichols Rd
- Winnequah School – 800 Greenwood Blvd
- Nichols School – 5301 Monona Dr
- Oneida Park – 1305 Neponset Rd
- Schluter Park – 4517 Winnequah Rd
- Frost Woods Park – 700 Frost Woods Rd
- Woodland Park – 300 Femrite Dr
- Other _____

If you are requesting an accommodation for a meeting, activity, or event, or recreation program, please specify below. To better serve you, please allow us 48 hours' notice.

Meeting: _____ Date: _____ Time: _____

Special Event: _____ Date: _____ Time: _____

Class, Program or Activity: _____

• Date(s): _____

• Time(s): _____

Accommodation(s) Request: Please list the accommodation(s) requested and reason for request in the area below.

Alternative means of filing requests or complaints, such as personal interviews or a tape recording of the complaint will be made available for persons with disabilities upon request to the ADA Coordinator.

Signature: _____ **Date:** _____