

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT ADA ACCOMMODATION REQUEST FORM

Please provide the following information necessary to process your ADA accommodation request or complaint. Complete, sign and return this form by mail, Fax or email to:

Teresa Jepma

Human Resources Office Chief

Southwest Florida Water Management District

Teresa.Jepma@WaterMatters.org

Requestor's Name: _____ Today's date _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number _____ Alternate Phone number _____

Program, service or activity requiring accomodation _____

Date and time accomodation is needed _____

Location where accomodation is needed _____

Please describe why you need an accomodation and the type of accomodation you are requesting. If a complaint, please explain what is your complaint including where, when and what happened.

I certify that to the best of my knowledge and belief that the statements and information on this form are true, accurate and complete.

Requestor's signature

Date

Requestor's Contact Information