



EAST BRIDGEWATER HOUSING AUTHORITY

100 PROSPECT STREET

EAST BRIDGEWATER, MASSACHUSETTS 02333

Tel: (508) 378-3838

Fax: (508) 378-3880

Request for Reasonable Accommodations/Modifications

To: Accommodation Coordinator - Leslie Lundstrom

From: _____
Applicant or Resident Name (please print)

_____ Control Number

_____ Address

_____ Town/City, State, Zip

(____) _____
Area Code/Telephone Number

1. On account of my disability, I request the following be done in order to permit me to have equal opportunity to use and enjoy the housing or public or common use areas or to participate fully in the Housing Authority's programs, activities, or services: (Describe)

2. This request for a reasonable accommodation/modification is necessary so that I can:

3. Documentation needed to verify the existence of my disability and my disability-related need for the accommodation/modification is attached. (Attach appropriate documentation)

I attest that the foregoing information is true and correct.

Signature of Applicant or Resident (or authorized representative)

_____ Date

