

**CITY OF GALESBURG**  
**ADA ACCOMMODATION REQUEST FORM**

Accommodation Requests--Procedures for Initiating Request for Auxiliary Aids to allow equal access to public meetings and other events sponsored by the City.

Hearing Impaired/Speech Impaired persons may request the City of Galesburg retain the services of a Qualified Interpreter to enable them to participate in public meetings/program sponsored by the City of Galesburg or by its boards, commissions, divisions, or recipients as part of that particular entity's regular programming, services and activities. When an auxiliary aid or service is required, the City of Galesburg will provide an opportunity for individuals with disabilities to request the auxiliary aids and services of their choice and will give primary consideration to the choice expressed by the individual.

"Primary Consideration" means the public entity (the City) must honor the choice, unless it can demonstrate that another, equally effective means of communication is available, or use of the means chosen would result in a fundamental alteration in the service, program, or activity or in undue financial and administrative burdens (regulatory reference CFR 28 part 35 sec.130).

**HOW REQUESTS ARE MADE**

Requests for Specific Auxiliary Aides or Interpreters to allow qualified disabled persons to participate in programs or services sponsored by the City of Galesburg must be requested at least ten working days before the event. The City will make every reasonable attempt to acquire the requested accommodation (auxiliary device aide or interpreter) within the proper time frame, however, if the primary auxiliary aide requested by the individual is unavailable the City will contact the individual making the request and advise that person of the difficulty in granting the original request and will substitute an equally effective alternative aide if possible.

**WHERE CAN REQUEST FORMS BE OBTAINED?**

Request forms can be obtained from the Office of the City Manager and the Office of the City Clerk which are both located in the City Administration Building at 55 W. Tompkins Street. Request forms may also be obtained from the Handivan/Human Services Department at 150 E. Simmons Street. Accommodations for public meetings held in the City Administration building can be made through the office of the City Clerk.

## **Definitions of Auxiliary Aids**

Under Title II of the ADA, state and local governments must provide auxiliary aids where necessary to ensure effective communication, and must provide an opportunity for individuals with disabilities to request the aids and services of their choice. The City may not charge the user for use of any auxiliary aid. Auxiliary aids include, but are not limited to:

1. **Qualified** Interpreters
2. Assistive Listening Devices
3. Television Captioning and Decoders
4. Telecommunication Devices for the Deaf(TDDs)
5. TTY Message Relay

Communications by telephone between deaf and hearing callers can be achieved by using the Illinois Relay Center at the following numbers.

**1-800-526-0857 voice**

**1-800-833-0048 TDD users**

6. Readers or aides
7. Braille, large or audiotapes of printed material

**Individuals with disabilities who wish to attend or to participate in scheduled programs, activities, or functions sponsored by the City of Galesburg may use the following accommodation request form.**

**Name of person requesting the accommodation:**

First \_\_\_\_\_ Last \_\_\_\_\_

Address of person requesting the accommodation \_\_\_\_\_

Is this accommodation aid for you? Yes\_\_\_ No\_\_\_

If the Accommodation is not for yourself, please write in below the name of the person for whom the accommodation is being requested.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Night Phone \_\_\_\_\_

**Date and times for the which the accommodation is being requested.**

Day of the Week \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

**Type of Accommodation Being Requested (check one)**

Interpreter \_\_\_\_\_

Note Taker \_\_\_\_\_

Assistive Listening Device\_\_\_ Type\_\_\_\_\_

Reader or aides \_\_\_\_\_

Braille \_\_\_\_\_ Large Print \_\_\_\_\_

Audio Tapes of Printed Materials \_\_\_\_\_