Request for Reasonable Accommodation

A reasonable accommodation is any modification of an ordinance, rule, policy, or practice of the City if that modification is reasonably necessary in order to give a person with disabilities as provided by the federal Fair Housing Amendments Act (42 U.S.C. 3601, et seq.) ("FHA") and Title II of the Americans with Disabilities Act (42 U.S.C. Section 12131 et seq.) ("ADA"), an equal opportunity to use a dwelling in the City.

If you believe that you need a reasonable accommodation to live in a dwelling, or so that persons with disabilities may live in a dwelling that you own or operate, please complete this application form and submit it to the Growth Management Department at 9090 SW 50th Place, Cooper City, FL 33328. Please attach additional pages if necessary. If you have questions or need assistance, please contact the Growth Management Department at 954-434-4300.

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1. Contact Information:

   Name of Applicant: _____

   Telephone Number: _____

   Address: _____

   _____

   Email Address: _____

2. Name, address and telephone number of representative, if applicable:

   Name of Representative: _____

   Telephone Number: _____

   Address: _____

   _____

   Email Address: _____

3. Address of housing or other location at which accommodation is requested:

_____

_____

4. Describe qualifying disability or handicap:

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5. Describe the accommodation and the specific ordinances, rules, policies, or practices from which accommodation is sought:

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6. Describe the reasons the reasonable accommodation may be necessary for the individual with disabilities to use and enjoy the housing or other service:

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7. Please provide any additional information relevant to a determination on the requested reasonable accommodation:

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Signature of Applicant or Representative, if applicable, of Qualifying Entity:

_____ Date:_____