

REQUEST FOR ACCOMMODATION

To: Sean Barnicle, Accommodation Coordinator
Norwood Housing Authority
40 William Shyne Circle
Norwood, MA 02062

From: _____
Applicant Name (*please print*) Control Number

Address

Town/City, State, Zip

Area Code/Telephone Number

E-mail Address

1. I have a disability which limits me in the following ways (describe): _____

2. On account of these limitations, I request the following be done in order to permit me to participate fully in the Housing Authority's housing programs. (Describe)

3. Documentation verifying the existence of my disability, my limitations on account of it, and my need for accommodation is attached. (Attach appropriate documentation)
4. I attest that the foregoing information is true and correct.

Signature of Applicant

Date