City of Hillsboro
Disability Accommodation Request Form

The City of Hillsboro does not discriminate on the basis of disability in admission to or operation of its programs, services or activities. This form may be used by a private citizen with a disability seeking access to a city program or facility. *The City appreciates requests for accommodations to be made 72 hours in advance.*

Name _____ Telephone (or TTY) _____
Street Address _____
City _____ State _____ Zip _____
Preferred Contact:
☐ Email _____ ☐ Phone _____
☐ US Mail _____ ☐ Text _____
☐ FAX _____ ☐ Other _____
Best time to contact: ☐ Morning (8 am to noon) ☐ Midday (noon to 5 pm) ☐ Evening (5 to 8 pm)

I am requesting the following accommodations:
☐ Program access _____
Program facility/ location/start date of activity _____
☐ Assisted listening devices for public meetings (24 hours notice required)/ meeting date and information _____
☐ Public meeting testimony submittal (participate by conference call) _____
☐ Written material in alternate format (large print/CD/DVD) _____
☐ Reader _____
☐ Other _____

All City of Hillsboro facilities are wheelchair accessible.

Please provide any additional details to help us fulfill your request: