

Minnesota Zoo

Americans with Disabilities Act ("ADA") Title II (non-employee) Reasonable Accommodation/Modification in Public Services, Programs or Activities Request Form

The Minnesota Zoo is committed to complying with the Americans with Disabilities Act ("ADA") and the Minnesota Human Rights Act ("MHRA"). The ADA Coordinator/Designee will review each request on an individualized, case-by-case, basis to determine whether an accommodation or modification can be made. **Please do NOT send copies of medical records. The Minnesota Zoo is not authorized to have medical records and is not qualified to interpret medical records.**

Submit completed Accommodation Request Form a minimum of two weeks in advance through one of the following methods:

- Email to access@mnzoo.org
- Provide information from form by phone: 651-539-6596 (voice); 711 or 1-800-627-3529 (TTY)

General Information

Date of Request: _____

Person needing accommodation/modification

Name: _____

Address: _____

Email: _____ Phone: _____

Person making request (if different from person needing accommodation/modification)

Name: _____

Email: _____ Phone: _____

Relationship to person needing accommodation/modification: _____

Accommodation Information

Date and time accommodation/modification is needed: _____

Address and/or room of accommodation/modification: _____

Type of accommodation/modification requested (please be specific): _____

How would you like to be notified of the status of your request?

☐ Phone ☐ Email ☐ Writing ☐ Other (specify): _____

If someone else has completed this form on your behalf and you want that person to be notified of the status of your request, please initial here: _____

All requests for accommodation/modification will be evaluated individually and a response to your request will be provided within one week of receipt.

☐ Check this box to sign this request form electronically:
By checking this box, I agree my electronic signature is the legal equivalent of my signature.

Signature of Requestor _____ Date _____

OFFICE USE ONLY
RESPONSE TO REQUEST FOR ACCOMMODATION/MODIFICATION

Date request received: _____

The request for accommodation/modification is **GRANTED**. Below is a description of the accommodation/modification:

The request for accommodation/modification is **DENIED** because:

- ☐ The requester does not meet the essential eligibility requirements or qualifications for the program, service, or activity, without regard to disability.
- ☐ The requested accommodation/modification would impose an undue burden on the agency; and/or
- ☐ The requested accommodation/modification would fundamentally alter the nature of the service, program, or activity.

Requester notified on: (date) _____ via: _____

Additional notes:

ADA Coordinator:

Name _____ Date _____