

NORTON HOUSING AUTHORITY

www.nortonhousing.org



Request for Reasonable Accommodations/Modifications

To: Accommodation Coordinator
Norton Housing Authority
120 West Main Street
Norton, MA 02766

From:

Applicant or Resident Name (please print) _____ Control # _____

Address _____ Phone Number _____

Town/City, State, Zip _____

1. On account of my disability, I request the following be done in order to permit me to have equal opportunity to use and enjoy the housing or public or common use areas or to participate fully in the Housing Authority's programs, activities, or services: (Describe)

2. This request for a reasonable accommodation/modification is necessary so that I can:

3. Documentation needed to verify the existence of my disability and my disability-related need for the accommodation/modification is attached. (Attach appropriate documentation)

I attest that the foregoing information is true and correct.

Signature of Applicant or Resident (or authorized representative) _____ Date _____

Approved Denied _____
Signature of Accommodation Coordinator Date

120 West Main Street
Norton, MA 02766

Andrea Downey, MPH
Executive Director

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