



**ARIZONA CORPORATION COMMISSION**

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**AMERICANS WITH DISABILITIES ACT  
REQUEST FOR ACCOMMODATION FORM**

**DATE OF REQUEST:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**DATE(S) & TIME(S) NEEDED (if applicable):** \_\_\_\_\_ **from** \_\_\_\_\_ **a.m. to** \_\_\_\_\_ **p.m.**

**LOCATION:** \_\_\_\_\_

**TYPE OF ACCOMMODATION REQUESTED:** \_\_\_\_\_

**NATURE OF DISABILITY:** \_\_\_\_\_

*I hereby request the above accommodation and affirm that I am a qualified individual with a disability pursuant to the Americans with Disabilities Act.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Parent, Guardian or Other Representative

\_\_\_\_\_  
Relation to Applicant

Please return completed form to:

Carolyn D. Buck, ADA Coordinator  
1200 W. Washington Street  
Phoenix, AZ 858007  
E-mail: [cdbuck@azcc.gov](mailto:cdbuck@azcc.gov)  
Telephone: (602) 542-3931