



Town of Lake Placid

REQUEST FOR ACCOMMODATION FORM

Instructions: Please fill out this form completely, using black ink or typing. Sign and send it to the address at the bottom of the page or attached to an email at the bottom of the page.

REPORTING INDIVIDUAL NAME: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Telephone(s): _____

Email: _____

SERVICE OR ACCOMODATION REQUIRING ACCOMODATION

Name of Service/Program/Meeting/Facility: _____

Address of Service: _____

Date of service: _____ Date this request submitted: _____ Method of delivery: _____

Describe the reason for requiring the requested accommodation (please feel free to use additional attachments as necessary):

Please deliver this form to:
Town Administrator Phil Williams
311 West Interlake Boulevard
Lake Placid, Fl. 33852
Or email as an attachment to lakeplacidinfo@gmail.com

Signature of person needing the accommodation: _____

ACTION TAKEN