



Accommodation Request Form

Brushy Creek Municipal Utility District (“Brushy Creek”) is committed to complying with all state and federal disability laws, such as the Americans with Disabilities Act, as amended (“ADA”). Brushy Creek does not permit retaliation against anyone for exercising rights protected by the ADA or other law protecting persons with a disability.

If you, or someone you are acting on behalf of, need a reasonable modification to accommodate a disability or an auxiliary aid or service to ensure effective communication, or have any other question or concern regarding access to Brushy Creek’s services and programs for persons with disabilities, please complete and submit this form.

This form is available in alternate formats (large print, Braille, audio, or electronic format) upon request. Alternative means of filing requests will be made available if necessary. For more information, if you need help making your request, or if you wish to make your request orally, contact the District’s ADA Coordinator:

Bradley Holsapple, Parks & Facilities Manager
Brushy Creek Municipal Utility District
16318 Great Oaks, Round Rock, TX 78681
ADA@bcmud.org
512-255-7871 x226

Individuals with speech or hearing loss may call Relay Texas toll free 7-1-1. (More information available at www.relaytexas.com).

Brushy Creek will process this request promptly. You will be contacted within ten business days to discuss your request.

SECTION 1 – REQUESTER INFORMATION				
Name:				
Address:				
Phone:				
Email:				
Preferred Method of Contact:	Phone	Email	Mail	Other
If this request is made on behalf of another person, please provide that person’s:				
Name:				
Address:				
Phone:				
Email:				
What is your relationship (optional, no specific relationship is required to make a request on behalf of a person with a disability)?				
Parent Family Friend Friend Social Worker Attorney or Representative				
Other (describe)				
May we contact this individual directly? Yes No				
Preferred Method of Contact:	Phone	Email	Mail	Other
SECTION 2 – PROGRAM, SERVICE, ACTIVITY, OR EVENT				
Name of program/service/event:				
Department:				
Location:				
Date(s) of participation:				

SECTION 3 – ACCOMMODATION REQUESTED	
<p>Disability-related information will be kept confidential and shared only with staff who need the information to evaluate or respond to this request.</p> <p>Describe the accommodation, modification, auxiliary aid, or service requested. Please be as specific as possible (e.g., accessible seating, materials in accessible format, ASL interpreter, etc.)</p>	
SECTION 4 – FUNCTIONAL NEED FOR ACCOMMODATION	
<p>Describe the functional need creating the need for accommodation. (Optional, Unless Requested When Need Is Not Obvious). You do not need to disclose a diagnosis or medical history.</p>	
SECTION 5 – SUPPORTING DOCUMENTATION (Optional, Unless Requested When Need Is Not Obvious)	
<p>List any documentation provided (e.g., statement from a provider, 504 plan or IEP, etc.):</p>	
Attachments included:	Yes No
SECTION 6 – TIME SENSITIVITY	
Is this request time-sensitive?	Yes No
<p>If yes, please explain any deadlines or dates the District should know about:</p>	
SECTION 7 – AUTHORIZED COMMUNICATION	
<p>I agree to receive communications regarding this request at the contact method selected above: Yes No</p>	
<p>The individual on whose behalf this request is submitted authorizes Brushy Creek to communicate with the person submitting this form: Yes No</p>	

CERTIFICATION	
<i>I certify that the information provided is accurate to the best of my knowledge.</i>	
Signature:	
Date:	