



Accommodation Request Form for People with Disabilities

To request a disability-related accommodation in order to obtain a license or engage in any other service, program, or activity at the New York City Department of Consumer Affairs (DCA), please complete this form.

Submit the completed form along with documentation (e.g., medical records) to DCA's Americans with Disabilities Act (ADA) Coordinator in ONE of the following ways*:

In person or by mail: Attn: ADA Coordinator
 NYC Department of Consumer Affairs
 42 Broadway, 8th Floor
 New York, NY 10004

By email: ADACoordinator@dca.nyc.gov

By fax: (646) 500-7164

**If you are unable to submit your request in person or by mail, email, or fax, please call the ADA Coordinator at (212) 436-0155.*

PERSON SEEKING ACCOMMODATION	
Name:	
Address:	
Business Name (if applicable):	
DCA License Number (if applicable):	
Telephone:	
Email:	
Preferred Method of Contact: <i>Note: DCA may contact you to provide more information to help us review the request.</i>	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail
List the date/time the accommodation is needed.	



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<p>Describe the nature of the disability for which you are requesting an accommodation.</p>	
<p>Describe the accommodation you are requesting. Please explain why this specific accommodation is necessary.</p>	

If you are submitting this form on behalf of the person seeking accommodation, please complete the fields below.

<p>PERSON SUBMITTING FORM</p>	
<p>Name:</p>	
<p>Address:</p>	
<p>Telephone:</p>	
<p>Email:</p>	
<p>Preferred Method of Contact:</p> <p><i>Note: DCA may contact you to provide more information to help us review the request.</i></p>	<p><input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail</p>

<p><i>DCA use only:</i></p>		
<p>Received by: _____ Name</p>	<p>_____ Title/Division</p>	<p>_____ Date</p>