Request for Reasonable Accommodations
Third Party Verification

Name: _____

Organization: _____

Address: _____

_____

Phone: _____

Fax Number: _____

I, _____, hereby

certify that _____ has

been diagnosed with _____

which is a disability* and, therefore, is in need of the requested accommodation.

This _____ day of _____, _____.

_____
Signature

Sworn to and subscribed before me
This _____ day of _____, _____.

_____
Notary Public, _____ County, Georgia

(Affix Notary Seal Here)

* A disability is defined as a physical or mental impairment that substantially limits one or more major life activities, including but not limited to, caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Please return this form to Shelley Stevens, Section 504/ADA Coordinator at the Housing Authority of the City of Douglas, Georgia, 937 Thrash Circle, Douglas, GA 31533.

Updated 02/04/21