



REQUEST FOR ACCOMMODATION FORM

Iowa Democrats strive to make all of our events and meetings accessible to all who wish to attend. Reasonable requests will be fulfilled as outlined in the Americans with Disabilities Act, as amended. To provide necessary accommodations please complete the form below and return it no later than 5 days before the scheduled event.

If you require assistance to complete this REQUEST FOR ACCOMMODATION FORM please contact Karen Black, Chair, Disability Caucus: access@idp1st.org.

Your Name: _____

Address: _____

County: _____ ZIP Code: _____

Phone: _____

E-Mail: _____

Requested Accommodation(s):

Check all that apply.

- CART – you will be given the link at time of registration
- ASL
- I will have a service animal
- I have a power wheelchair

- I have a push wheelchair
- I need a high table to accommodate my wheelchair
- Preferential seating (please describe below)
- Dietary
- None
- Other: (please describe below)

Please email the completed form to: access@idp1st.org