



Request for Accommodation Form

Date of Request _____
 Person Requesting Action _____
 Person in Need of Accommodation _____
 Telephone Number of Person Making Request _____
 Location of Concern _____
 Requested Accommodation _____
 Time Frame Requested _____
 Identify Issue of Concern _____

Name	Eric Carlson – Accessibility Coordinator
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Cell Phone	763.350.8850
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Hours Available	8:00am – 4:30pm Central Standard Time
Services Available	Large print, Braille, or audio

For Office Use Only

Date Received _____ Actual Cost _____
 Date Approved _____
 Action Taken _____

This document is available upon 3 business day request in alternate formats such as Braille, large print, audio recording, etc. Please contact Eric Carlson at 651.450.2587 or ecarlson@invergroveheights.org