

Sample Title II Reasonable Modification Request

[DATE]

[Name of ADA Coordinator/Entity You Are Requesting a Modification From]

[Address]

[Address]

RE: Request for Reasonable Modification under ADA Title II

Dear [Insert Name of ADA Coordinator/ Representative of the Entity You Are Requesting a Modification From]:

As you are aware, Title II of the Americans with Disabilities Act (ADA) prohibits discrimination against people with disabilities in State and local government's services, programs, and activities. Any state or local government agency is covered by the ADA because it is a program offered by a State or local government, regardless of whether it receives federal grants or other federal funds. Under Title II of the ADA, a public entity must reasonably modify its policies, practices, or procedures to avoid discrimination, unless the entity can demonstrate that the modification would fundamentally alter the nature of its service, program, or activity.

The ADA covers a wide range of individuals with disabilities. Under this law, an individual is considered to have a "disability" if he or she has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. I believe that I qualify under this definition.

Pursuant to Title II of the ADA, 28 C.F.R. §35.130(b)(7), which requires public entities to make reasonable modifications in their policies, practices, or procedures, I, as a person with a disability, need to request a modification of [insert the policy, practice, or procedure you are requesting the government agency modify].

The modification I am requesting is [describe modification requested].

I need this modification because [explain why you need the modification due to your disability].

Please respond to this reasonable modification request in writing within 7 days of receipt. I also hereby request to be provided with a copy of your grievance procedure, should my request for reasonable modification be denied.

Sincerely,

----- [Your Signature]

----- [Date]

----- [Print Your Name]

----- [Your Address]

----- [Your Telephone Number]