MISSOURI STATE HIGHWAY PATROL REASONABLE ACCOMMODATION REQUEST

NAME	
ADDRESS	
PHONE	

This form should be completed when an individual has indicated a desire to request a reasonable accommodation from the Missouri State Highway Patrol. The purpose of this form is to assist the Missouri State Highway Patrol in determining whether or to what extent a reasonable accommodation is required.

To Be Completed By The Individual Requesting The Reasonable Accommodation

1. Identify and describe the physical or mental disability, illness, condition or disease which is the basis for your request for reasonable accommodation(s):

2. Identify and describe the specific reason you are requesting a reasonable accommodation(s):

3. Identify and describe the reasonable accommodation(s) needed, including special equipment, changes in the physical layout of the building, or other accommodations:

4. Identify and describe any special methods, skills, or procedures that could be used in conjunction with the reasonable accommodation you are requesting:

5. Identify and describe any equipment, aids, or services you are willing to provide and utilize:

6. Please provide documentation of your disability requiring a reasonable accommodation. Upon review of your application and documentation, the Missouri State Highway Patrol may request additional documentation from physicians, therapists, psychologists, or other health care providers who have information or documentation concerning your disability, illness, condition, disease, or your need for a reasonable accommodation:

I certify that the foregoing statements are complete, accurate, and true to the best of my knowledge.

Signature: _____ Date: _____