Town of Carlisle

Office of

RECREATION DEPARTMENT

97 SCHOOL STREET
CARLISLE, MASSACHUSETTS 01741
Telephone: 978-759-7632

REQUEST FOR REASONABLE ACCOMMODATION

Requests for accommodations should be made at least **two weeks in advance** of the program start date whenever possible. While advance notice is appreciated, we will make every effort to address requests made after that time. Please note that in accordance with Massachusetts law, public places do not have to provide the modification requested, as long as the alternative modification provided is equally effective. Reasonable accommodations can not fundamentally alter the program / service, be an undue financial or administrative burden and can not impact health or safety.

Name of Child: _____ Date of Birth: _____

Parents Name: _____

Home Address: _____

Email: _____ Cell Phone: _____

Program / Activity you are requesting accommodations / modifications:

_____

_____

_____

_____

Reason why you are requesting the accommodation / modification:

_____

_____

_____

_____

Signature: _____ Date: _____