



Accommodation Request Form for People with Disabilities

To request a disability-related accommodation in order to obtain a license or engage in any other service, program, or activity at the New York City Department of Consumer and Worker Protection (DCWP), please complete this form.

Submit the completed form along with documentation (e.g., medical records) to DCWP's Americans with Disabilities Act (ADA) Coordinator in ONE of the following ways*:

In person (by appointment) or by mail: Attn: ADA Coordinator
NYC Department of Consumer and Worker Protection
42 Broadway, 8th Floor
New York, NY 10004

By email: DCWPADACoordinator@dcwp.nyc.gov

**If you are unable to submit your request in person, by mail, or email, please call the ADA Coordinator at (212) 436-0269.*

PERSON SEEKING ACCOMMODATION	
Name:	
Address:	
Business Name (if applicable):	
DCWP License Number (if applicable):	
Telephone:	
Email:	
Preferred Method of Contact: <i>Note: DCWP may contact you to provide more information to help us review the request.</i>	<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail
List the date/time the accommodation is needed.	

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<p>Describe the nature of the disability for which you are requesting an accommodation.</p>	
<p>Describe the accommodation you are requesting. Please explain why this specific accommodation is necessary.</p>	

If you are submitting this form on behalf of the person seeking accommodation, please complete the fields below.

<p>PERSON SUBMITTING FORM</p>	
<p>Name:</p>	
<p>Address:</p>	
<p>Telephone:</p>	
<p>Email:</p>	
<p>Preferred Method of Contact:</p> <p><i>Note: DCWP may contact you to provide more information to help us review the request.</i></p>	<p><input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail</p>

<p><i>DCWP use only:</i></p>		
<p>Received by: _____ Name</p>	<p>_____ Title/Division</p>	<p>_____ Date</p>