



Accommodation Request Form

Section A: Customer Information

Name:	Date:	
Street address:		
City:	State:	Zip:
Phone (Voice):	Phone (TTY):	Fax:
E-mail:		
Disability Information (Check all that apply to the request for service):		
<input type="checkbox"/> Visual	<input type="checkbox"/> Cognitive/ Developmental	<input type="checkbox"/> Hidden disability
<input type="checkbox"/> Hearing	<input type="checkbox"/> Dexterity	<input type="checkbox"/> Temporary
<input type="checkbox"/> Speech	<input type="checkbox"/> Mobility	<input type="checkbox"/> Other:
<input type="checkbox"/> Learning	<input type="checkbox"/> Psychiatric	
The Services are for:		Type of Executive Express Service:
<input type="checkbox"/> Myself <input type="checkbox"/> Someone else (describe/name)		

Employee Receiving Request:

Section B: Accommodation Information

Briefly explain the primary limitations that prevent you from using services of Executive Express.
What accommodation(s) are you requesting? (If you have a particular accommodation in mind, please describe it and include specific information.)
<input type="checkbox"/> Not sure what I need
What's Next?
<p>Thank you for taking time to complete this form. Executive Express will receive your information and forward your request to our Branch Manager for review. This person will discuss some or all of the information below to determine if a reasonable accommodation may be available.</p> <ul style="list-style-type: none"> • Executive Express services you seek. • Your limitations and proposed modifications to services provided by Executive Express. • Whether there are grounds for modification of services. • Medical documentation might be required. <p align="center">Scan and email this form to info@executiveexpress.biz or mail to: Executive Express – 3105 County Road 138, Waite Park, MN 56387 Feel free to contact us at 320-253-2226 if you have any questions.</p>