Balfour Beatty Communities

REQUEST FOR ACCOMMODATION/MODIFICATION FORM

Use this form if you have a disability and would like to make a modification to the residence or common areas or to request an accommodation to otherwise applicable rules, policies, practices, or services. Once submitted, your request will be considered by the landlord/owner of the residence ("Landlord") and its property manager, and reasonable efforts will be made to respond promptly. You will be contacted if any additional information is required. Please note that if you are requesting a modification to a residence, you may be required to pay for both the modification and its removal.

1. INFORMATION OF PERSON WITH DISABILITY

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

2. ACCOMMODATION/MODIFICATION REQUESTED: The person named above has a disability as defined by applicable law and requires the following accommodation/modification so that he/she will have an equal opportunity to use and enjoy the housing provided by Landlord: _____

_____

_____

_____

_____

_____

_____ _____ _____

Print Name Signature Date

This section to be completed by Landlord (or its property manager, as agent):

Received By: _____ Date: _____

Comments:

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EQUAL HOUSING OPPORTUNITY