



RICHMOND REDEVELOPMENT AND HOUSING AUTHORITY
REQUEST FOR
REASONABLE ACCOMMODATION

Name: _____ Telephone: _____

Address: _____

City, State: _____ Zip Code: _____

Signature

Date

☐ I need a reasonable accommodation at this time (please complete information below).

The following person(s) in my household has/have a disability and is requesting the reasonable accommodation/modification indicated below: (Please indicate need clearly and specifically)

() uses wheelchair () uses walker, crutches () blind or vision impaired () deaf or hard of hearing
() Other: _____

If you or a member of your household becomes disabled or needs an accommodation after you have submitted this form, you may fill out another form.

If you need help understanding or filling out *this form*, or have any questions regarding the rights of persons with disabilities, you should contact:

Calandra Trotter
Assistant Vice President for Housing Compliance &
Section 504 Coordinator
600 East Broad Street
Richmond, VA 23219
Phone: (804) 780-4200 (TTY 711)
Email: Compliance@rrha.com