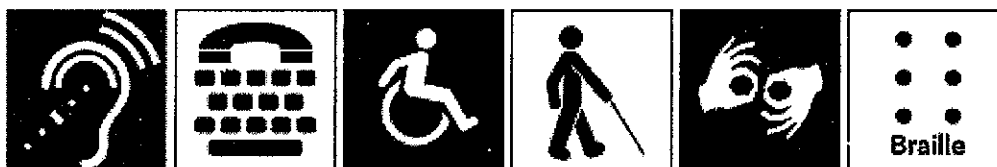


# City of Greensburg

## REQUEST FOR ACCOMMODATION



*Please type or print legibly.*

Name: \_\_\_\_\_ Date of request: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Check one: ☐ Accommodation

Accommodation needed : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date accommodation is needed: \_\_\_\_\_

Requests will be evaluated and prioritized by City staff with regard to the nature of the requested accommodation, budget, and scheduled projects .

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*This section to be completed only if person needing accommodation is not the individual completing this form.*

Person(s) affected (if other than requesting individual): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

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Give or send the completed form to:

City of Greensburg  
Office of City Administrator  
416 South Main Street  
Greensburg, PA 15601

(724)838-4350 fax or  
administration@greensburgpa.org