

## **REASONABLE ACCOMMODATION REQUEST – SELF-ATTESTATION**

Under the Township of Strasburg Resolution #2025-06, the general public may attend meetings remotely as a reasonable accommodation under the Americans with Disabilities Act (“ADA”)

By signing below, I \_\_\_\_\_, hereby attest that:  
(name)

- ☐ I require an accommodation to attend meetings remotely due to a disability that sometimes or always prevents me from attending meeting in-person.

If box is checked, please provide the following:

1. Why accommodation is needed (a general description is sufficient; you need not disclose any particular medical diagnosis, disability, or personal medical information):

2. Estimated duration for which accommodation is needed:

- ☐ Ongoing
- ☐ Specific duration: \_\_\_\_\_

By signing below, I attest to the accuracy of each of the above statements:

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Email address \_\_\_\_\_