

**REASONABLE ACCOMMODATION REQUEST**

**A reasonable accommodation request will be considered as it pertains to the federal Fair Housing Amendments Act of 1988. The accommodation must comply with the Detroit Lakes City Code section 213.**

1. Applicant name and address.

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2. Regulation or nuisance condition for which the accommodation is being requested. Please be specific.

\_\_\_\_\_

\_\_\_\_\_

3. Qualifying disability for the request and accommodating measures to be taken if requested is approved.

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\_\_\_\_\_

4. Date and length of time for which the accommodation is requested.

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5. Any other information necessary to properly evaluate the request for the accommodation.

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\_\_\_\_\_

Please submit the following materials:

- Letter from doctor verifying applicants need for a reasonable accommodation
- Management plan for the accommodation
- Legal Description of Property
- Application Fee - \$350
- HIPAA release form
- Site plan if needed

**The director's decision will be mailed to the applicant and to the owners of all properties that are immediately adjacent to the property that is the subject of the request. Only the aggrieved applicant and immediately adjacent property owners have the right to an appeal if filed with the City Clerk within 10 days of the director's decision. \*The accommodation is non-transferable.**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

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**OFFICE USE ONLY**

- Accommodation Granted
- Accommodation Denied

Conditions (Modification or Waiver)/Reasons (attach separate sheet if necessary): \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
Community Development Director

\_\_\_\_\_  
Date