

ADA Accommodation Request

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Company/Organization Name]
[Company Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request an accommodation under the Americans with Disabilities Act (ADA) due to my chronic illness, which impacts my ability to [describe how the illness affects your work].

I am seeking the following accommodations:

- [Accommodation 1]
- [Accommodation 2]
- [Accommodation 3]

I believe these accommodations will allow me to perform my job effectively while managing my health condition. I am willing to discuss this matter further and provide any necessary documentation regarding my condition.

Thank you for your consideration of my request.

Sincerely,

[Your Name]