

ADA Accommodation Request for Mobility Issues

Date: [Insert Date]

To: [Insert Recipient Name]

Title: [Insert Recipient Title]

Organization: [Insert Organization Name]

Address: [Insert Organization Address]

City, State, Zip: [Insert City, State, Zip]

Dear [Recipient Name],

I am writing to formally request accommodations under the Americans with Disabilities Act (ADA) due to my mobility issues. As someone who experiences [briefly describe your condition], I often face challenges that impact my ability to [mention specific tasks or activities related to your work or school].

To facilitate my productivity and ensure an inclusive environment, I kindly request the following accommodations:

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

I have attached relevant medical documentation to support my request. I hope we can discuss this matter further and explore how we can ensure that I can perform my duties effectively.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Position/Title]

[Your Contact Information]