

Case by Case Accommodation Permit

The DEC is committed to making all reasonable efforts to ensure that its programs and services are accessible to, and usable by, individuals with disabilities. If you require an accommodation in order to participate, please submit the form below and provide proof of disability or other credible assurance that the power driven mobility device is to be used for a mobility disability.

CONTACT INFORMATION: (Person Requesting ADA Accommodation)

The information you provide below is used only to contact you if necessary concerning your request for reasonable accommodation due to disability. Your information will not be provided to anyone for any reason.

Name: _____

Address: _____

Email: _____

Phone Number: _____

ACCOMMODATION INFORMATION:

Name of Facility or Area: _____

Type of Activity: _____

Location of Activity: _____

Activity Date: _____ Time: _____

(over)

Please describe your request for reasonable accommodation due to disability. Please include your suggestions for how you wish to have the Department accommodate your request, and the Department's recreational program (e.g., camping, fishing, hunting) which you wish to access.

RETURN THIS FORM TO:

Carole Fraser
NYS DEC
625 Broadway – 5th Floor
Albany, New York 12233-4255

NYS Dept. of Environmental Conservation

APPROVAL

This permit shall be subject to approval of the Access Coordinator, Land Manager and Program Manager and may be suspended or revoked with due cause.

DEC Access Coordinator _____

Land/Program Manager _____

Date Approved _____