



STATE PLUMBING BOARD OF LOUISIANA

*"From Hospital to Home, Your Health Depends on Proper Plumbing
— A Cornerstone of Public Health"*

CONFIDENTIALITY STATEMENT:

A request for accommodation, including medical and other relevant information, is privileged, and may only be released as appropriate to individuals with a business need to know.

ADA ACCOMMODATION REQUEST FORM

In accordance with the Americans with Disabilities Act (ADA) and Louisiana Law.

Applicant Information

Full Name: _____

Mailing Address: _____

City, State, ZIP: _____

Phone Number: _____ Email Address: _____

Accommodation Request Details

1. Nature of Disability or Impairment:

2. Describe the accommodation(s) you are requesting:

3. Have you previously received this or similar accommodation?

[] Yes [] No

If yes, please describe the setting and type of accommodation provided:

Applicant Certification

I certify that the information provided is true and accurate to the best of my knowledge. I understand that the State Plumbing Board of Louisiana may contact me to discuss my request and that insufficient documentation may delay or prevent the approval of accommodation.

Signature of Applicant: _____ Date: _____

Notification of Decision:

A written response regarding the approval or denial of your accommodation request will be sent to you by mail following the review process.

OFFICE USE ONLY:

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date: _____	ADA Coordinator signature: _____
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