

Response to a Request for Reasonable Accommodation Form

Dear _____ [*fill in resident name*]:

You requested the following change or reasonable accommodation(s): [*describe request*]

We have granted your request and we expect to complete the modification by this date:

We have denied your request because:

You have not established that you meet the definition of a person with a disability and we are not required to provide a reasonable accommodation.

We think the accommodation you requested is not reasonable because:

You do not need this accommodation in order to have equal access to or full enjoyment of our housing.

It will cost too much money and/or is more work than our staff can do (an undue financial and/or administrative burden).

Based on the documentation you provided, we do not believe the accommodation you requested is likely to enable you to have equal access to, and enjoyment of, the housing.

We decided this because [*give reason in clear, simple language*].

We used these facts to deny your request [*give facts in clear, simple language*].

To make this decision we [*list documents or records reviewed, people spoken with, and other aspects of investigative process*].

If you have questions, please feel free to contact the General Manager of Parkside Condominium at (301) 493-5100.

If you disagree with this decision, you may appeal to the Board of Directors of Parkside Condominium.

If you are still unhappy with the results, you may appeal to Montgomery County Commission on Common Ownership Communities.

[Signature of General Manager]

[Date]