



RINCON VALLEY FIRE DISTRICT

Bus. (520) 647-3760
Fax. (520) 647-7102

14550 E. Sands Ranch Road
VAIL, AZ. 85641

Emergency Telephone
911

Reasonable Accommodation Request Form

Full name: _____ Date: _____

Phone: _____ Email: _____

Check reason of this request: Employment Office Visit Other _____

If employment related:

Job Title: _____ Department: _____

Describe the nature, extent, and duration of your disability:

Describe the accommodation(s) you believe are needed to enable you to perform the essential functions of this job, attending board meeting, or any other situation:

Attach any supporting documentation that may be helpful in evaluating this request for accommodation. RVFD ensures you that all provided information will be kept confidential.

If further information is needed you will be contacted by our Compliance Officer within 48 business hours from your request.

Signature: _____ Date: _____

