



City of Broken Bow
Public Works Authority
Kulli Chito Environmental Authority
 210 N Broadway, Broken Bow, OK 74728
 580-584-2282
 Fax: 580-584-3453



Section 504 of the Rehabilitation Act Request Form

Name: _____

Department: _____

Job Title: _____

Phone Number: _____

E-mail address: _____

Type of Disability:

- Speech
- Hearing
- Visual
- Mobility
- Mental/Emotional
- Other _____

Nature and/or cause of disability: _____

Please identify the position, examination, program, activity, service or facility for which the accommodation is needed: _____

Identify the accommodation(s) needed: _____

Explain how the accommodation(s) will assist you: _____

Identify the source and cost (if known) for providing the accommodation(s) _____

Requestor Signature: _____ **Date:** _____

The City of Broken Bow ensures that no person or groups of persons shall, on the grounds of race, color, sex, age, national origin, disability/handicap, or income status be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, or activities administered by the City of Broken Bow, its recipients, sub-recipients, and contractors.