GARFIELD COUNTY HOUSING AUTHORITY
1430 RAILROAD AVENUE, UNIT F
RIFLE, CO 81650
(970) 625-3589 or (888) 627-3589 Ext. 102
Fax (970) 625-0859 * TTY (800) 659-2656

REASONABLE ACCOMMODATION REQUEST DECISION

Dear: _____:

On _____(date), you requested the following reasonable accommodation to _____
_____
_____

_____Approved your request. We will provide the following accommodation:
_____
_____
_____

_____ We will provide the accommodation by (date): _____
_____ To make the change you requested, we must _____
_____We anticipate that the change will be made by (date): _____.
We will notify you if we discover a delay.

_____ Interactive dialog process meeting/communication of needs started:_____

_____ Denied your request. We have denied your request because:
_____ You are not verified as person with a disability or your guest or household member or person associated with you who requires the reasonable accommodation is not verified as disabled, and we are not required to give the requested accommodation.
_____ The expenses associated with your reasonable accommodation request is an undue burden on our finances, staff time or resources
_____ It will fundamentally change the nature of our organization.
_____We denied your request because:
_____
_____
_____
We used these facts to deny your request:
_____
_____
_____
To make this decision, we spoke to the following people, reviewed the following documents, and performed the following investigation:
_____
_____

If you disagree with this decision or have additional information please contact the Garfield County Housing Authority, 1430 Railroad Ave. Unit F-1, Rifle, CO 81650, 970-625-3589.

Sincerely, (two signatures required)

Signature: _____ Date: _____

Name: _____ Title: _____

Signature: _____ Date: _____

Name: _____ Title: _____ **12/24**

Equal Opportunity Housing