Print Form

RI Governor's Commission on Disabilities

RIGCD Form P-1 Open Meeting Telecommunications Accommodation Waiver Request

Applicant's Name		
Day Time Phone #		☑ check if TTY ☐
Home Address		
City, State & Zip Code		
Email address		
I am a member of		
	Above insert the name of the Public Body the applicant is a member of	

I have a disability and I cannot attend meetings of that public body solely by reason of my disability; and I cannot otherwise participate in the meeting without the use of electronic communication or telephone communication as reasonable accommodation, may participate by use of electronic communication or telephone communication.

List the public body's meeting location(s)	
Public body's mailing address:	
City, State, & Zip Code	
Public Body's Presiding Officer	
Day Time Phone #:	
	Below insert the applicant's health care professional's name
I authorize:	

to release only medical information needed to document the need for the accommodation that is specifically related to limitations caused by my disability that prevent that me from attend meetings of that public body solely by reason of my disability.

Health care professional's mailing address:	
City, State & Zip Code	
Office Phone #:	

Date Signed	**Applicant's Signature**	

This form may be emailed to disabilities@gcd.ri.gov if signed with an electronic signature or mail to the:

RI Governor's Commission on Disabilities
John O. Pastore Center, 41 Cherry Dale Court
Cranston, RI 02920-3049

and keep a copy of the completed form for you records