



## **Americans with Disabilities Act Policy**

Sholom Park is conscientious in our efforts to ensure that our park, facilities, programs and services are user-friendly for all visitors, including those with disabilities. We commit to provide access to as many individuals in our community as possible and to ensure compliance with the Americans with Disabilities Act. Sholom Park will not discriminate due to one's disability or impairment and will not exclude said persons from equitable access to Sholom Park or from participation in any program/activity or event at Sholom Park. Our goal is to provide equal access to the Park, facilities, recreation programs and services within and to treat each and every individual with dignity and respect. If you require an accommodation because of a disability, please contact the Sholom Park office at [info@sholompark.org](mailto:info@sholompark.org). We will make every effort to consider your request for an accommodation.

### **Request for ADA Reasonable Accommodation**

To request a reasonable accommodation at Sholom Park, You may fill out the attached form and email to: [info@sholompark.org](mailto:info@sholompark.org)  
Or mail to: Horticultural Arts & Park Institute, Inc. 8435 SW 80<sup>th</sup> Street Suite 2 Ocala, FL 34481.

Please include a copy of your 'State Issued Credible Assurance' to ensure the request of the Other Power Driven Mobility Device (OPDMD) will be used for the purpose of a mobility disability.

Please note in an effort to prevent OPDMD's from becoming a direct threat or safety hazard within Sholom Park's walkways and paths the following operational guidelines apply:

- OPDMD speed is not to exceed pedestrian walking speed.
- Stay to the right at all times – no passing or weaving in and out of pedestrian traffic.
- Segway devices will not be permitted during park events for safety purposes.
- Golf carts will NOT be permitted beyond the Park's parking area.

A response to your request for ADA Reasonable Accommodation will be mailed or emailed within 10 days of receipt.



## REQUESTER INFORMATION

Name: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## REQUESTED ACTION

Please describe the accommodation that would provide you with greater access to Sholom Park.

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If the nature of your request is referring to the use of Other Power-Driven Mobility Devices (OPDMD), please also provide the following: *a photo & detailed description.*

\_\_\_\_\_  
Make

\_\_\_\_\_  
Model

\_\_\_\_\_  
Dimensions

\_\_\_\_\_  
Weight

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Request Date