



RI Governor's Commission on Disabilities

Form P-1 Open Meeting Telecommunications Accommodation Request

Waiver Request Instructions

Please fill out the form with all necessary fields and boxes completed. We do not need to know your disability, but we will need enough information about how your disability prevents you from attending in person the meeting of the public body to consider your waiver request.

You can email the completed and signed form to GCD.disabilities@gcd.ri.gov or mail the form to the Commission at 2 Cherry Dale Court, Cranston, RI 02920.

To be eligible for the **Open Meeting Telecommunications Accommodation Waiver** you must:

A. Have a disability as defined in RI Gen. Laws §42-87-1. Definitions of disability.

"Disability" means, with respect to an individual: (i) A physical or mental impairment that substantially limits one or more of the major life activities of such individual.

The definition does not include impairments that are transitory and minor. A transitory impairment is an impairment with an actual or expected duration of six (6) months or less. It does include impairments that are episodic.

"Major life activities" include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including, but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

B. Cannot attend meetings of the public body you are a member of, in person solely by reason of your disability; and

C. Be able participate by use of electronic communication or telephone communication.



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Applicant's Name:			
Day Time Phone #:		Check if a TTY/TDD o	
Home Address:			
City, State & Zip Code:			
Email address:			
I am a member of the following the Public Body:			
Public body's mailing address:			
City, State, & Zip Code:			
Public Body's Presiding Officer:			
Day Time Phone #:		Email Address	
I certify that: I <input type="checkbox"/> Have a disability as defined in RI Gen. Laws §42-87-1(1)(i) above; and <input type="checkbox"/> Cannot attend in-person meetings of that public body solely by reason of my disability; and <input type="checkbox"/> Am able to participate by use of electronic communication or telephone communication.			
Please describe how your disability prevents you from attending meetings of that public body in person. Do not disclose your disability(ies)			
Certification: By signing this report, I certify to the best of my knowledge and belief that the information is true, complete, and accurate. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties.			
<input type="checkbox"/> I understand that, in order to consider my request for a waiver, this information will be discussed at a meeting open to the public, and that my name and the fact that I have been granted a waiver will become a matter of public record.			
Your Signature		Date Signed	
This form may be emailed to gcd.disabilities@gcd.ri.gov if signed with an electronic signature or mail to the: RI Governor's Commission on Disabilities John O. Pastore Center, 2 Cherry Dale Court Cranston, RI 02920-3049			

Keep a copy of the completed form for your records.