

[Date]

[Requester Name]

[Requester Address]

[City, State, Zip Code]

RE: Notice of Denial of Request for Accommodation/Modification

Dear [Requester Name],

We received your request dated [Date of Request] regarding [briefly describe what was requested]. After a thorough review of your request and the resources required to fulfill it, we regret to inform you that we are unable to grant this specific request at this time.

This decision was made because the request would impose an undue financial and administrative burden on [Organization Name]. Our determination is based on the following factors:

- The nature and net cost of the requested accommodation.
- The overall financial resources of the facility and the organization.
- The impact of the request on the operation and administrative capacity of the organization.

While we cannot grant the specific request mentioned above, we would like to discuss alternative accommodations that may meet your needs without posing an undue burden. We are committed to engaging in an interactive process to find a reasonable solution.

Please contact [Name of Contact Person] at [Phone Number/Email] by [Date] to schedule a time to discuss potential alternatives.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]

[Organization Name]