RESOLUTION NO. UA 2025-24

A RESOLUTION BY THE FORT PIERCE UTILITIES AUTHORITY, FORT PIERCE, FLORIDA ADOPTING AND IMPLEMENTING THE REASONABLE ACCOMMODATION REQUEST POLICY AND PROCEDURES; PROVIDING FOR SCRIVENER'S ERROR, REPEAL, SEVERABILITY, AND AN EFFECTIVE DATE.

WHEREAS, the Board of the Fort Pierce Utilities Authority (the "Board") was created and established by the City Commission of the City of Fort Pierce, Florida, through a referendum election held on May 30, 1972;

WHEREAS, the Charter of the City of Fort Pierce, Florida, Article XII, grants to the Fort Pierce Utilities Authority ("FPUA") the exclusive jurisdiction, control and management of the utilities of the city and all of its operations and facilities and all the powers to do any and all acts or things that are necessary, convenient or desirable in order to operate, maintain, enlarge, extend, preserve and promote an orderly, economic and businesslike administration of the utility systems; and

WHEREAS, the FPUA desires to implement a process for requests by members of the public for a reasonable accommodation to FPUA rules, policies, practices and/or procedures for persons with disabilities as provided by the Federal Fair Housing Amendments Act (42 U.S.C. 3601, et. seq.) ("FHA") and Title II of the Americans with Disabilities Act (42 U.S.C. Section 12131, et. seq.) ("ADA"); and

WHEREAS, A "disabled" individual or person is an individual that qualifies as disabled and/or handicapped under the FHA and/or ADA; and

WHEREAS, the Reasonable Accommodation Request Policy is designed to establish a procedure for a disabled person or qualifying entity request a reasonable accommodation with respect to FPUA's rules, policies, practices and/or procedures as provided by the FHA and the ADA, attached hereto as Exhibit "A" in substantially the form for approval; and

WHEREAS, adopting this Policy serves a valid and legitimate public purpose;

NOW, THEREFORE, BE IT RESOLVED by the Board of the Fort Pierce Utilities Authority:

SECTION I. RECITALS. The recitals stated above are true and correct and are hereby incorporated as if fully set forth herein.

SECTION II. POLICY IMPLEMENTATION. The Board hereby approves and adopts the Reasonable Accommodation Request Policy, attached hereto as Exhibit A. The Director of Utilities is hereby authorized to execute all instruments related to the implementation and enforcement of this Policy.

SECTION III. SCRIVENER'S ERRORS. If there are any typographical, administrative, or scrivener's errors contained herein that do not change the tone, tenor, or purpose of this Resolution, such errors may be corrected with no further action by the Board.

SECTION IV. REPEAL. Any prior Resolution or related subject matter is hereby repealed and replaced by this Resolution and Policy.

SECTION V. SEVERABILITY. If any section, clause, phrase, word or provision of this Resolution is for any reason held invalid or unconstitutional by a court of competent jurisdiction, whether for substantive or procedural reasons, such portion shall be deemed a separate, distinct and independent provision, and such holding shall not affect the validity of the remaining portions of this Resolution which shall remain in full force and effect.

SECTION VI. EFFECTIVE DATE. This Resolution shall take effect on December 2, 2025.

PASSED AND DULY ADOPTED this 2nd day of December, 2025.

ATTEST:

Dr. Barbara Bennett, Secretary

Frank H. Fee, Chair

APPROVED AS TO FORM AND CORRECTNESS:

Stefanie Beskovoyne, General Counsel

FORT PIERCE UTILITIES AUTHORITY

REASONABLE ACCOMMODATION REQUEST
POLICY AND PROCEDURES

The purpose of this policy is to implement a process for requests by members of the public for a reasonable accommodation to FPUA rules, policies, practices and/or procedures for persons with disabilities as provided by the Federal Fair Housing Amendments Act (42 U.S.C. 3601, et. seq.) ("FHA") and Title II of the Americans with Disabilities Act (42 U.S.C. Section 12131, et. seq.) ("ADA").

A "disabled" individual or person is an individual that qualifies as disabled and/or handicapped under the FHA and/or ADA. Any disabled person or qualifying entity may request a reasonable accommodation with respect to FPUA's rules, policies, practices and/or procedures as provided by the FHA and the ADA pursuant to the procedures set out herein.

PROCESS

A disabled individual or entity ("Applicant") may apply for a reasonable accommodation on his/her own behalf or may be represented by a person designated by the disabled individual. A request for reasonable accommodation may be made in writing by completion of a reasonable accommodation request form ("Form"), which is maintained by (and shall be submitted to) the Office of the General Counsel:

Stefanie Beskovoyne
General Counsel
Fort Pierce Utilities Authority
206 S. 6th Street
Fort Pierce, FL 34950
SBeskovoyne@FPUA.com

**Upon Applicant's request, the FPUA shall provide such assistance in connection with a reasonable accommodation request, including without limitation, assistance with reading application questions, responding to questions, completing the form, filing an appeal, or appearing at a hearing to ensure the process is accessible.*

CRITERIA FOR CONSIDERATION

In determining whether the reasonable accommodation request shall be granted or denied, the Applicant is required to establish that they are protected under the FHA and/or ADA by demonstrating that they are handicapped or disabled, as defined in the FHA and/or ADA. Although the definition of disability is subject to judicial interpretation, for purposes of this section, the disabled individual must show:

(i) a physical or mental impairment which substantially limits one or more major life activities;
(ii) a record of having such impairment; or
(iii) that they are regarded as having such impairment.

The Applicant must demonstrate that the proposed accommodation sought are reasonable and necessary to afford handicapped/disabled persons equal opportunity to use and enjoy housing. The foregoing (as interpreted by the Courts) shall be the basis for a decision upon a reasonable accommodation request made by the Human Resources Director and Risk Manager ("Risk Manager") or (in the event of an appeal) the Director of Utilities.

CONFIDENTIAL INFORMATION

If information provided includes medical information or records, including records indicating the medical condition, diagnosis or medical history of the disabled individual, such individual may, at the time of submitting such medical information, request that the FPUA, to the extent permitted by law, treat such medical information as confidential information of the disabled individual. The FPUA shall thereafter endeavor to provide written notice to the disabled individual, and/or their representative, of any request received by the FPUA for disclosure of the medical information or documentation, which the disabled individual has previously requested be treated as confidential by the FPUA. The FPUA will cooperate with the disabled individual, to the extent allowed by law, in actions initiated by such individual to oppose the disclosure of such medical information or documentation, but the FPUA shall have no obligation to initiate, prosecute or pursue any such action, or to incur any legal or other expenses (whether by retention of outside counsel or allocation of internal resources) in connection therewith, and may comply with any judicial order without prior notice to the disabled individual.

PROCEDURE AFTER SUBMITTAL OF FORM

The General Counsel will refer all Forms to the Risk Manager for review and consideration. The Risk Manager has the authority to consider and act on requests for reasonable accommodation and, if no further information is requested or the Form is not modified or amended by the Applicant, shall issue a written determination within 45 days of the date of receipt.

REQUEST FOR ADDITIONAL INFORMATION

If it is reasonably necessary to reach a determination on the request for reasonable accommodation, the Risk Manager may, prior to the end of said 45-day period, request additional information from the Applicant, specifying in sufficient detail what information is required. The Applicant has 15 days after the date of the request for additional information to provide the requested information.

If a request for additional information is made, the 45-day period to issue a written determination is extended as provided herein. The Risk Manager shall issue a written determination with[in] 30

days of receipt of the additional information. If the Applicant fails to provide the requested additional information within said 15-day period, the Risk Manager shall issue a written notice advising that the Applicant had failed to timely submit the additional information and therefore the request for reasonable accommodation is deemed abandoned and/or withdrawn. No further action by the FPUA with regard to said reasonable accommodation request is required.

DETERMINATION

In accordance with federal law, the Risk Manager may:

(1) grant the accommodation request,
(2) grant a portion of the request and deny a portion of the request, and/or impose conditions upon the grant of the request, or
(3) deny the request, in accordance with federal law.

Any such denial shall be in writing and shall state the grounds therefore.

All written determinations shall:

(1) Give notice of the right to appeal; and
(2) Be sent to the requesting party (i.e., the disabled individual or his/her representative) by certified mail, return receipt requested or as otherwise requested by the Applicant.

APPEAL

The Applicant has 30 days after the Risk Manager's determination to appeal the decision to the Director of Utilities. The Director of Utilities shall, after notice and a hearing, render a written determination within 30 days of the hearing. The decision by the Director of Utilities shall be a final determination, subject only to appeal by writ of certiorari to the Nineteenth Judicial Circuit Court, pursuant to all applicable local and state laws and standards governing petitions for certiorari.

FEES

There shall be no fee imposed by the FPUA in connection with a request for reasonable accommodation under this section or an(y) appeal. The FPUA has no obligation to pay Applicant's attorneys' fees or costs in connection with the request, or an appeal.

STAY OF ENFORCEMENT

While an application for reasonable accommodation, or appeal of a determination of same, is pending before the FPUA, the FPUA will not enforce the subject rules, policies, and procedures against the Applicant. However, should the Applicant proceed with any property purchase, building, construction, or other work associated with establishing a project or residence housing

individuals covered by the ADA or the FHA while an application or appeal for reasonable accommodation is pending, the Applicant understands that any of these actions are done at the Applicant's own risk because the application or appeal may be denied.

EXPIRATION OF APPROVALS

Approvals for request for reasonable accommodation shall expire within one hundred eighty days if not implemented.

The FPUA shall display a notice on the FPUA's webpage and maintain copies available for review in the lobby at the Administration Building.

Reasonable Accommodation Request Form
Fort Pierce Utilities Authority

1. Name of Applicant: _____

   Telephone Number: _____

   Email Address: _____

2. Address:

3. Address of housing or other location at which accommodation is requested (if different from 2):

4. Describe qualifying disability or handicap:

5. Describe the accommodation and the specific regulation(s) and/or procedure(s) from which accommodation is sought:

6. Reasons the reasonable accommodation may be necessary for the individual with disabilities to use and enjoy the housing or other service:

7. Name, address and telephone number of representative (of an entity or agent acting on behalf of the disabled), if applicable:

8. Other information:

9. Preferred method of communication (phone, email, etc.)

I prefer to receive written communication sent to:

_____

Signature of disabled individual or representative, if applicable, or qualifying entity:

_____
Signature of Applicant

_____
Date Signed