

WHITMAN COUNTY REASONABLE ACCOMMODATION REQUEST FORM

Name: _____ Wk Phone: _____ Hm Phone: _____

Address: _____

Email: _____

Service/Program Desired: _____

I am seeking participation in the county service/program named above and may require "Reasonable Accommodation." I hereby request that the ADA Coordinator contact me regarding reasonable accommodation, and I authorize him/her to verify this request.

Signature

Date

Describe below the accommodation you are requesting and reason you may need it:

Attachments: _____

FOR ADA COORDINATOR USE ONLY		
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Needed	<input type="checkbox"/> Denied
Comments: _____		

ADA Coordinator & Department Head/Elected Official Signatures:		
Signature: _____		Date: _____
Signature: _____		Date: _____