



## ADA CITIZEN REQUEST FOR ACCOMMODATION

DATE \_\_\_\_\_

Person Submitting Request \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Request is made on behalf of myself      Yes \_\_\_\_\_      No \_\_\_\_\_

If request is made on behalf of another person, please provide the name of the person on whose behalf the request is being submitted \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

**Individuals with disabilities who wish to participate in County programs, services, or activities and who need an accommodation in order to do so are invited to present their requests for accommodation to the County by completing this Request for Accommodation form or by calling (864) 898-5940.**

**Please indicate the type of accommodation you are requesting below:**

- Community Services

Name of Activity or Service \_\_\_\_\_

Date(s) of Activity or Service \_\_\_\_\_

Location \_\_\_\_\_

- Board/Commission Meeting

Description of Meeting \_\_\_\_\_

Date \_\_\_\_\_ Location \_\_\_\_\_

*Pickens County is an equal opportunity provider and employer.*

