

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: _____		