

# County of Lancaster

## Request for Reasonable Accommodation Form

*\*Please complete each section and return to ADA Coordinator listed below.*

### **Section 1: Person Requesting Accommodation**

*(Last Name, First Name)*

*(Mailing Address)*

*(Phone Number)*

*(City, State, Zip Code)*

*(E-mail)*

### **Section 2: Case Number *(if any)*:**

**Date:**

**Case Name *(if any)*:**

### **Section 3: Event or Activity *(check all that apply)*:**

Court Proceeding (specify location and your role):

County service or program (specify county department if any):

Other:

### **Section 4: List all known dates and times the accommodations are needed *(specify)*:**

### **Section 5: What is the nature of your disability?**

### **Section 6: What accommodation would you like and why?**

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**Section 7: Please provide any other information that would help the County respond to your request:**

**Section 8: How do you want to be informed of the status of your request for accommodation?**

**Telephone      Letter      E-mail      Other (*specify*)**

*(Type or print name of person making request)      (Signature or person making request)      (Date)*

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