

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)

Human Resources
ATTN: ADA Coordinator
150 North Queen Street, Suite 312
Lancaster, PA 17603
Phone: (717) 299-8311
Relay Service TTY/TTD 711 or (800) 654-5984
FAX: (717) 293-7269
Email: ADACoordinator@co.lancaster.pa.us