



# ACCOMODATION REQUEST FORM

Leon County does not discriminate on the basis of disability in admission to, or operation of its programs, services, activities or facilities. This form may be used by individuals and their companion with a disability seeking access to a County program, service, activity of facility.

## ACCOMODATION REQUEST INFORMATION

Name: \_\_\_\_\_ Telephone (or TTY): \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

The program or facility to which I am requesting access is located at:

\_\_\_\_\_

I am requesting the following accommodation(s):

- Wheelchair Access
- Sign Language Interpretation
- Written Material in Alternate Format (Large Print, Computer Disc)
- Written Material in Braille
- Reader
- Modification of Policy Procedures
- Other

Please provide any other details or information necessary to process this request.

\_\_\_\_\_

\_\_\_\_\_

## PLEASE RETURN THIS FORM TO:

ADA Designated Coordinator  
Maggie Theriot, Assistant to the County Administrator  
301 S. Monroe St., Suite 502  
Tallahassee, FL 32301  
(850) 606-5300  
TheriotM@leoncountyfl.gov