



# 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 with disabilities and/or their companions seeking access to a County facility, program, service or activity.

## 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:

Designated ADA and Title VI/Nondiscrimination Coordinator  
Maggie Theriot, Director of the Office of Resource Stewardship  
1907 S. Monroe St.  
Tallahassee, FL 32301  
(850) 606-5000  
TheriotM@leoncountyfl.gov