



Lawrence County Government
Americans with Disabilities Act (ADA)
Request for REASONABLE ACCOMMODATION

SECTION I.

1. Name: _____
 2. Home Address: _____
 3. Home Telephone: _____ 4. Work Telephone: _____
 5. Date of the request for reasonable accommodation: _____
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SECTION II.

ACCOMMODATION REQUESTED

(Be as specific as possible, e.g., adaptive equipment, reader, interpreter, etc., or attach a description.)

SECTION III.

REASON FOR REQUEST

SECTION IV.

Signature

Date