

Jefferson County

Request for ADA Accommodation

Request Received: _____

(for County Use only)

1. Information about the Person Requesting Accommodation.

What is your name? _____

2. Describe the activity or County service you need accommodation for. Include the date, time, and location:

3. Describe the disability for which you are requesting an accommodation.

4. Describe what accommodation you are requesting and explain why this specific accommodation is necessary.

5. Provide any information that you think would help the County respond to your request.

6. Contact information:

Email:

Mailing address:

Telephone where the County can leave a message:

Other (specify):

What is the best way to notify you about the decision on your request?

email mail phone call other (see above).

Date:

(Signature of Person Requesting Accommodation)

(Print Name of Person Requesting Accommodation)

Return this form to the County ADA Coordinator at:

Jefferson County ADA Coordinator

Central Services Department

P.O. Box 1220

1820 Jefferson Street

Port Townsend, WA 98368