ADA CITIZEN REQUEST FOR ACCOMMODATION

DATE _____________

Person Submitting Request ________________________________
Address ________________________________________________
____________________________________________________________________________________
Telephone ______________________________________________

Request is made on behalf of myself Yes _________ No _________

If request is made on behalf of another person, please provide the name of the person on
whose behalf the request is being submitted ________________________
Address _____________________________________________________________________________
____________________________________________________________________________________
Telephone ____________________________________________________________________________

Individuals with disabilities who wish to participate in County programs, services, or activities
and who need an accommodation in order to do so are invited to present their requests for
accommodation to the County by completing this Request for Accommodation form or by
calling (864) 898-5940.

Please indicate the type of accommodation you are requesting below:

• Community Services

  Name of Activity or Service _________________________________________________________
  Date(s) of Activity or Service _____________________________________________________
  Location _________________________________________________________________

• Board/Commission Meeting

  Description of Meeting ___________________________________________________________
  Date ___________ Location _______________________________________________________

Pickens County is an equal opportunity provider and employer.
• Access to County Department or Public Hearing

   Department or Hearing Description __________________________________________
   Date ___________ Location ____________________________________________

Please describe the nature of the specific accommodations you are requesting. If you perceive multiple options that would satisfy your request, please indicate all possible options.

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______________________________________________________________________________

Signature of Person Completing Request ____________________________________________

Individuals with questions concerning Requests for Reasonable Accommodation may contact the Pickens County ADA Coordinator, at Pickens County Human Resources Department, (864) 898-5940.

222 McDaniel Ave B-14
Human Resource Department
Pickens, SC 29671
Phone: (864) 898-5940
Fax: (864)898-1873
Email: mikeh@co.pickens.sc.us

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