

ADA ACCOMMODATION REQUEST

Lincoln County prohibits discrimination against individuals with disabilities in its services, programs, accessibility and activities.

IMPORTANT:

- Form must be signed.
- Please submit signed and completed form to:

ADA COORDINATOR

Auditor's Office

Lincoln County

PO Box 28 or 450 Logan St

Davenport, WA 99122

TYPE OF ACCOMMODATION:

Service/Program

Facility Accessibility

Communication

Employment

Other (please explain) _____

CONTACT INFORMATION:

Requesting Individual

Name: _____

Phone Number: _____ Alternate Phone Number: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Email Address: _____

By checking this box, you indicate that you do not want your email address disclosed.

On Behalf Of (if different than Requesting Individual)

Name: _____

Phone Number: _____ Alternate Phone Number: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Email Address: _____

By checking this box, you indicate that you do not want your email address disclosed.

ADA ACCOMMODATION REQUEST *(continued)*

DETAILED INFORMATION OF REQUEST:

Please provide date accommodation is needed *(if applicable)*: _____

Please specify the location where accommodation is needed: _____

Please describe your request:

Please include any additional comments: _____

SIGNATURE: _____ **DATE:** _____

Please submit the completed and signed form to:

ADA Coordinator, Lincoln County, Auditor's Office, PO Box 28 or deliver to 450 Logan St, Davenport, WA 99122.

For questions about this form, please contact: ADA Coordinator at cschumacher@co.lincoln.wa.us or call 509-725-4971.

For Office Use Only:

Date Received: _____ Date of Contact with Requestor: _____ Date Accommodation is Made/Denied: _____

The request for accommodation has been GRANTED

The request for accommodation is GRANTED with the following ALTERNATIVE: _____