



Citizen Request for Accommodation under the Americans with Disabilities Act

Instructions:

1. Complete this form in ink or type.
2. Sign and return it to the County using the contact information at the bottom of this form.
3. If you are unable to complete this form due to a disability or need additional information, please contact the ADA Coordinator at 843-202-6917 for assistance and the County, to the extent possible, will make reasonable accommodations.

NOTE: Please allow the County at least two (2) full business days, **prior** to the event or program, to arrange for accommodations.

Confidentiality:

Information contained on this form will be classified as **CONFIDENTIAL** to the extent permitted by law. Information obtained or generated in the processing of the accommodation request may be released to individuals of County departments or agencies participating in the evaluation or provision of the accommodation requested.

Requester:

Name: _____
Address: _____
City, State and Zip Code: _____
Telephone Number: _____
Email address: _____

1. What is the accommodation request related to?

Event/Program Name: _____
Event/Program Date: _____
Accessibility Issue Location: _____



2. What is the barrier or the nature of the accessibility issue that prevents you from participating? _____

3. Describe the accommodation you are requesting: _____

4. How will the requested accommodation help relieve any roadblock to your satisfactory participation? _____

5. Are there any other concerns or difficulties the County should consider with your request? _____

6. Name (printed): _____

Signature: _____

7. Date Submitted: _____

Return via mail to:

Charleston County Government
Attn: ADA Coordinator
4045 Bridge View Drive
North Charleston, SC 29405

You may also return it via email it to:

Email: ADAcordinator@charlestoncounty.org