

COUNTY OF MARIN
Service Recipient Accommodation Request Form

REQUESTER:

Name: _____

Address: _____

City/State/Zip Code: _____

Telephone/TDD and/or e-mail Address: _____

THIS IS A REQUEST FOR ACCOMMODATION WHICH IS NEEDED BECAUSE OF MY DISABILITY

1. I am applying for services or wish to participate in a program, service or activity provided by the **County of Marin**, Department of _____.
2. The accommodation I am requesting will allow me to participate in the following program, service or activity: _____.
3. My specific functional limitation affecting my ability to fully participate in this program, service or activity is: _____.
4. I believe the following accommodation will allow me to participate in this program, service or activity: _____.

Additional Information:

REQUESTORS SIGNATURE: _____ **DATE:** _____

The County of Marin seeks to provide full participation and equal access for all persons with disabilities in all its programs, services and activities and is committed to working with individuals via an interactive process to identify the appropriate accommodation(s) needed to achieve this end. Thank you for your assistance and cooperation in this process.

INTERNAL USE ONLY: ACCOMMODATION PROVIDED:

