



# ACCOMMODATION REQUEST FORM

Broward County does not discriminate on the basis of disability in admission to, or operation of its programs, services, activities or facilities. This form may be used by individuals and their companions with a disability seeking access to a County program, service, activity or facility.

## ACCOMMODATION REQUEST INFORMATION

Name: \_\_\_\_\_ Telephone (or TTY): \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

The program or facility to which I am requesting access is located at:

\_\_\_\_\_

I am requesting the following accommodation(s):

- Wheelchair Access
- Sign Language Interpretation
- Written Material in Alternate Format (Large Print, Computer Disc)
- Written Material in Braille
- Reader
- Modification of Policy Procedures
- Other

Please provide any other details or information necessary to process this request.

\_\_\_\_\_  
\_\_\_\_\_

## PLEASE RETURN THIS FORM TO:

Department: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ TTY (if available) \_\_\_\_\_

## ADDITIONAL QUESTIONS MAY BE DIRECTED TO THE OFFICE OF INTERGOVERNMENTAL AFFAIRS AND PROFESSIONAL STANDARDS

Office of Intergovernmental Affairs and Professional Standards  
115 S. Andrews Avenue, Room 427  
Fort Lauderdale, FL 33301  
(954) 357-6500  
Fax. (954) 357-7889  
TTY (954) 357-6181