

## ACCOMMODATION REQUEST FORM

Broward County does not discriminate against qualified individuals on the basis of disability in admission to, or operation of its programs, services, activities, or programs. This form may be used by any individual seeking an accommodation to access a County service, program, activity or facility.

### Accommodation Request Information

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

Name of program I am seeking access: \_\_\_\_\_

I am requesting the following accommodation(s):

Wheelchair Access

Sign Language Interpreter

Qualified Reader

Modification of Policy and Procedure

Written material in alternate format, please indicate:

Other: \_\_\_\_\_

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

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

### Return Information to:

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

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

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

TTY: \_\_\_\_\_

### QUESTIONS MAY BE DIRECTED TO THE PROFESSIONAL STANDARDS/HUMAN RIGHTS SECTION

115 S. Andrews Avenue, Suite 427  
Fort Lauderdale, FL 33301  
Office: (954) 357-6500 TTY: (954) 357-7888