

COUNTY OF KALAMAZOO

Request for Accommodations

Instructions for completing form: Provide your name, address and telephone number. Check the boxes which apply to you and provide any necessary details. When you have completed this request, please print and drop off to ADA Coordinator, Kalamazoo County Administrator, 201 W. Kalamazoo Ave., Kalamazoo MI 49007, or email: ada@kalcounty.com. If you have any questions, please call 269-384-8111 and select option 1.

Today's date _____

1. Name _____

Address _____

City _____ State _____ Zip _____ Telephone No. _____

2. Activity you need accommodations for: _____

Location of activity _____ Date / Time _____

3. What is the nature of your disability?

☐ Physical mobility impairment (wheelchair, walker, crutches, etc.)

☐ Speech impairment (specify): _____

☐ Visual impairment

☐ Hearing impairment (specify) ☐ deaf ☐ hard of hearing ☐ deaf-blind

☐ Other (specify): _____

4. What type of accommodation are you requesting?

☐ Interpreter for deaf (specify whether ASL, tactile, oral, etc.) _____

☐ Assistive listening device (specify): ☐ headphones ☐ neckloop ☐ computer-assisted real-time

☐ other: _____

☐ Physical location accessible for persons with a physical mobility concern

☐ Other (specify): _____

5. If the request for accommodation is denied or, if the accommodation does not successfully establish effective communication, the applicant may file a grievance in accordance with the County's established grievance procedure.