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