

JEFFERSON COUNTY, FLORIDA

ACCOMMODATION REQUEST FORM



DATE OF REQUEST: _____

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

ACCOMMODATION REQUEST INFORMATION:

Name (please print): _____

Address: _____

Telephone Number: _____

The Program or Facility to which I am requesting access is located: _____

I am requesting the following accommodation(s):

- Physical Access:
 - Wheelchair Accessibility
- Written Material in Alternate Format (please specify below):
 - Large Print
 - Computer Disc
 - Braille
- Effective Communication:
 - Sign Language Interpreter
 - Verbal Reader (someone to read material given to you)
- Other (please specify):

Signature of Applicant: _____

PLEASE RETURN THIS FORM TO:

Jefferson County Board of County Commissioners
Attn: Planning Department
445 W. Palmer Mill Road
Monticello, Fl. 32344
(850)-342-0223

Please Note: Electronic submissions of this document will not be accepted.