



For use by County of Bucks

County of Bucks, Pennsylvania

**Americans with Disabilities Act Accommodation (ADA) Title II
Request for Reasonable Accommodation Form**
(Includes request for interpreter for hearing / speech impaired)

Individual Requesting Reasonable Accommodation Information – Section A

Name:	Phone:
Address:	Mobile:
	TTY:
	Email:
Please check next to the description of your status in this matter: Self Spouse Parent Child Relative Other (please explain) _____	

Requestor Information (if different from above)

Name:	Phone:
Address:	Mobile:
	TTY:
	Email:

Relationship to individual making the request:

Accommodation

Nature of the disability for which an accommodation is requested:

Accommodation requested:

Location of County Service, Program, Activity

Address:

Date and Time of Requested Accommodation

Date/Time:

After completing the form, please send to: Bucks County Title II ADA Coordinator, David Damsker, MD, MPH, 1282 Almshouse Road, Doylestown, PA 18901 or via Fax 267-885-1326

I hereby certify that an Americans with Disabilities Act accommodation is requested on the date stated for the service, program, activity or facility stated above.

Signature: _____

Date: _____