



For use by the 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)

<b>Individual Requesting Reasonable Accommodation Information – Section A</b>	
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) _____	
<b>Requestor Information (if different from above)</b>	
Name:	Phone:
Address:	Mobile:
	TTY:
	Email:
Relationship to individual making the request:	
<b>Accommodation</b>	
Nature of the disability for which an accommodation is requested:	
Accommodation requested:	
<b>Location of County Service, Program, Activity</b>	
Address:	
<b>Date and Time of Requested Accommodation</b>	
Date/Time:	
After completing the form, please send to: <b>Bucks County Title II ADA Coordinator, Virginia L. Hardwick, Esq., Bucks County Law Department, 55 E. Court Street, 5th Floor, Doylestown, PA 18901 or via Fax 267-885-1654.</b>	

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: \_\_\_\_\_