CITIZEN REQUEST FOR ACCOMMODATION

DATE ____________________

Person Submitting Request _______________________________________

Address _______________________________________________________

______________________________________________________________

Telephone _____________________________________________________

Request is made on behalf of myself   Yes______      No________

If Request is made on behalf of another person, please provide the name of the person on
whose behalf the Request is submitted ______________________________

Address _______________________________________________________

Telephone _____________________________________________________

Individuals with disabilities who wish to participate in County programs, services,
or activities and who need an accommodation in order to do so are invited to
present their Requests for Accommodation to the County by completing this
Request for Accommodation form or by calling (843) 915-7354.

Please indicate the Type of Accommodation you are Requesting Below:

☐ Community Services

Name of Activity or Service _________________________________________

Date(s) of Activity or Service _______________________________________

Location _______________________________________________________

☐ Board/Commission Meeting

Description of Meeting ___________________________________________

Date __________ Location _________________________________________

☐ Access to County Department or Public Hearing

Department or Hearing Description __________________________________

Date __________ Location _________________________________________
Please describe the nature of the specific Accommodation you are Requesting. If you perceive multiple options that would satisfy your Request, please indicate all possible options.

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Signature of Person Completing Request

__________________________________________