



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)

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, Elizabeth M. Oquendo, Esq., Bucks County Law Department, 55 E. Court Street, 5th Floor, Doylestown, PA 18901 or via Fax 267-885-1654.	

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: _____