



**CLALLAM COUNTY
CITIZEN REQUEST FOR
REASONABLE ACCOMMODATION FORM**

Date: _____

Name of Person Requesting Accommodation: _____

Address: _____

Telephone: _____ **Email:** _____

Please describe the activity or County service you need accommodation for. Include the date, time and location: _____

Please describe the disability for which you are requesting an accommodation: _____

Please describe the accommodation you are requesting and why this specific accommodation is necessary: _____

Please provide any additional information you think would help the County respond to your request: _____

Signature of person completing request: _____

(Print Name)

Please return this form to the person or department who scheduled the event/activity or County service you require the accommodation for at least 48 hours in advance of such event/activity or County service.