

Appendix B-7

**Randolph County
Office of the ADA Coordinator
Center for Family Opportunity
325 S. Oak Street, Suite 204
Winchester, Indiana 47394
765-584-0275**

ADA Request for Accommodation

Please print legibly.

Reporting Individual: _____ Date of Request: _____

Address: _____

City, State and Zip: _____

Telephone Number: _____ Business Phone: _____

Other Contact Information: _____

If person needing accommodation is not the individual completing this form, please complete below:

Name: _____ Telephone Number: _____

Other Contact Information: _____

Check One: Accommodation Barrier Removal

Accommodation needed or location of barrier:

Brief statement of why the accommodation is needed or the barrier removed:

Date accommodation is needed _____

Signature: _____ Date: _____

ADA Coordinator Office Representative: _____ Date: _____