

REQUEST FOR REASONABLE ACCOMMODATIONS

Date

PART I

Name		Telephone Number	
Street/Mailing Address	City	State	ZIP Code
Preferred Method of Contact <input type="checkbox"/> Day Phone <input type="checkbox"/> Email <input type="checkbox"/> USPS	Email Address		
Type of Event: <input type="checkbox"/> Public Meeting/Public Hearing <input type="checkbox"/> Training <input type="checkbox"/> Other (specify) <input type="text"/>			
Date of Event	and/or	Date Needed	Location of Event

PART II: LIMITED ENGLISH PROFICIENCY (LEP)

<input type="checkbox"/> Yes <input type="checkbox"/> No Do you need language assistance for LEP?
Language Assistance <input type="checkbox"/> Oral Interpretation (specify language) <input type="text"/> <input type="checkbox"/> Written Translation (specify language) <input type="text"/>
Name of Documents

PART III: AMERICANS WITH DISABILITIES ACT (ADA)

<input type="checkbox"/> Yes <input type="checkbox"/> No Do you need an accommodation for a disability?	
Types of Accommodation <input type="checkbox"/> Interpreter for deaf (specify ASL, tactile, etc.) <input type="text"/> <input type="checkbox"/> Assistive Listening device (specify) <input type="text"/> <input type="checkbox"/> Physical location accessible for persons with a physical mobility impairment. <input type="checkbox"/> Other (specify) <input type="text"/>	
Nature of Disability (Medical documentation may be requested) <input type="checkbox"/> Physical Mobility Impairment (specify) <input type="text"/> <input type="checkbox"/> Speech Impairment (specify) <input type="text"/> <input type="checkbox"/> Visual impairment (specify) <input type="text"/> <input type="checkbox"/> Hearing Impairment (specify) <input type="text"/> <input type="checkbox"/> Other (specify) <input type="text"/>	
Alternative Format (Indicate first, second, third choice if possible.)	Date Needed
<input type="checkbox"/> Braille <input type="checkbox"/> Large Print (font point size) <input type="text"/> <input type="checkbox"/> Other (specify) <input type="text"/>	<input type="checkbox"/> Audio Recording -MP3 <input type="text"/> <input type="checkbox"/> CD/Flash Drive <input type="text"/>
Name of Documents	

For Office Use Only

The accommodation request is:

- Granted as requested Granted with change - see additional information Denied - see additional information

INSTRUCTIONS:

Requests for Reasonable Accommodations can be made by completing this form. If you prefer to complete this form electronically, go to the Stark County website at <http://www.starkcountynd.gov/>.

You may submit the completed form to: Stark County
Attn: ADA Coordinator
51 3rd Street East
Dickinson, ND 58601

Stark County will contact you to discuss your request.

If you need assistance to complete the Request For Reasonable Accommodations form, please contact Linda Krebs or Michael Dschaak, Co-ADA Coordinators for Stark County at 701-456-7630 or lkrebs@starkcountynd.gov or mdschaak@starkcountynd.gov

REQUESTS MUST BE MADE AS SOON AS POSSIBLE.

Appropriate provisions will be considered when Stark County is notified at least 10 days prior to the meeting date or 15 days prior to the date the written comments are due.

Converting printed material may take several weeks.