



## Americans with Disability Act (ADA) Request for Accommodation

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If you are seeking an accommodation for a County service, program or activity due to a disability, please complete this form and send to the department responsible for the appropriate service, program or activity at least 48 hours in advance of your need. If you are unsure about where to send the form, forward to:

Carol Flood  
ADA Coordinator, St. Louis County Division of Personnel  
41 S. Central Ave, 7<sup>th</sup> Floor, Clayton, MO 63105  
314-615-5429, Fax 314-615-7703, Relay MO 711/800-735-2966  
cflood@stlouisco.com

Alternate formats of this form are available upon request. If you are unable to submit a request in writing, the request may be submitted in an alternative format.

### CONTACT INFO

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PREFERRED CONTACT METHOD: \_\_\_\_\_

### ACCESSIBILITY ISSUE

Please fill in as completely as possible and submit at least 48 hours prior to the event. Attach additional pages as needed.

DATE OF EVENT: \_\_\_\_\_

DEPARTMENT / ACTIVITY / LOCATION INVOLVED: \_\_\_\_\_

DESCRIPTION OF THE ACCOMMODATION REQUESTED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_