



Mecklenburg County Accommodation Request Form

(Please type or print clearly)

Name of Requester: _____

Address: _____

State: _____ Zip Code: _____ Home telephone: _____

Location of Program, Service or Activity or Facility where accommodation is requested:

Please describe how accommodation will allow the performance of the essential functions of participation in program, service, activity or allow access to facility:

(Attach additional sheet(s) if necessary.)

Signature of Complainant

Date Completed

Return completed form to:

ADA Coordinator
Office of the County Manager
600 East 4th Street, 11th Floor, Charlotte, NC 28262

A response indicating a decision or the need for additional time will be provided to the requester in no more than 30 days. If the request is approved, the ADA Coordinator will notify the requestor and make the necessary implementation arrangements

Received by ADA Coordinator: _____