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: ___________