

County of Cumberland Request for Reasonable Accommodation Form

**Please complete each section and return to ADA Coordinator listed below.*

Section 1: Person Requesting Accommodation

(Last Name, First Name)

(Mailing Address)

(Phone Number)

(City, State, Zip Code)

(E-mail)

Section 2: Case Number (if any):

Date:

Case Name (if any):

Section 3: Event or Activity (check all that apply):

☐ County service or program (specify county department if any):

☐ Other:

Section 4: List all known dates and times the accommodations are needed (specify):

Section 5: What is the nature of your disability?

Section 6: What accommodation would you like and why?

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Section 7: Please provide any other information that would help the County respond to your request:

Section 8: How do you want to be informed of the status of your request for accommodation?

☐ Telephone ☐ Letter ☐ E-mail ☐ Other (*specify*)

(Type or print name of person making request)

(Signature or person making request)

(Date)

Josephine Bentley – ADA Coordinator
16 W. High Street, Suite 301
Carlisle, PA 17013
Phone: 717.240.5396
FAX: 717.240.7877
Email: jmbentley@cumberlandcountypa.gov