



Request for Reasonable Accommodation

*Americans With Disabilities Act,
SECTION 504 of the Rehabilitation Act of
1973*

**Person Requesting
Accommodation:** _____

Address: _____

City, State and Zip Code _____

Telephone: Home: _____ Business: _____

Person Completing Request Form (if other than the concerned):

Name: _____

Address: _____

City, State, and Zip Code: _____

Telephone: Home: _____ Business: _____

Accommodation Requested (be as specific as possible, *e.g.*, adaptive equipment, interpreter)

Reason for Request (If accommodation is time-sensitive, please notify and explain why)

Signature: _____ Date: _____

Submit Request for Reasonable Accommodation to:
ADA Coordinator , Department of Human Resources, County of Culpeper
306 N. Main Street, Culpeper, Virginia 22701