



ALLEGHENY COUNTY

AMERICANS WITH DISABILITIES ACT

Request for Reasonable Accommodation Form

Individual Requesting Reasonable Accommodation		Date: ____/____/____	
Name:		Phone:	
Address:		Mobile:	
		TTY:	
		Email:	
I am a: <input type="checkbox"/> County Job Applicant <input type="checkbox"/> County Employee <input type="checkbox"/> Private Citizen Other _____			
Individual Completing the form (if different from above)			
Name:		Phone:	
Address:		Mobile:	
		TTY:	
		Email:	
Relationship to individual making the request <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Relative <input type="checkbox"/> Other If other, please specify: _____			
The Location of the County Service, Program or Activity:		I am requesting the following accommodation(s)	
Address:		<input type="checkbox"/> Wheelchair Access <input type="checkbox"/> Sign Language Interpretation ** <input type="checkbox"/> Written Material in Alternate Format (Large Print) <input type="checkbox"/> Written Material in Braille <input type="checkbox"/> Reader <input type="checkbox"/> Other _____	
Date of Service: ____/____/____	Time: _____	** Requires 48 hours advance notice except emergencies.	
Please provide any other details or information necessary to process this request:			
After completing the form, please send to: Caylin N. Snyder, ADA Coordinator, Department of Human Resources, 920 City-County Building, 414 Grant Street, Pittsburgh, PA 15219 or via Fax 412-350-5230 or email: Caylin.Snyder@alleghenycounty.us			
Signature:		Date: ____/____/____	
<i>The ADA does not require Allegheny County to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.</i>			