

**ADA Title II/Section 504 Accommodation Request Form
for the Office of the Marion County Mayor, Marion County Tennessee**

Accommodation Request

STATEMENT CONCERNING CONFIDENTIALITY

Pursuant to Tennessee Code Annotated § 10-7-503(a), "all County . . . records . . . shall at all times, during business hours, be open for personal inspection by any citizen of Tennessee, and those in charge of such records shall not refuse such right of inspection to any citizen, unless otherwise provided by state law." Accordingly, the County cannot and does not guarantee the confidentiality of this document or any notes, files, reports, or other documents, whether created by the County or received from the complainant, accused, or witnesses.

Full name of person requesting accommodation:

A qualified individual with a disability may request reasonable accommodations in circumstances

Your Request

You must show that you have a disability or health problem where accommodations do not currently allow you the same opportunity for participation in or receipt of the benefits of services, programs, or activities, or access to or use of facilities provided to individuals without disabilities by the Office of the Marion County Mayor. Qualified individuals with a disability (or a person acting on behalf of such qualified individuals) may make requests for reasonable accommodations or accessibility

Full mailing address of person requesting accommodation:

Telephone number (include area code) of person requesting accommodation:

Work: _____

Home: _____

Is your home telephone number unlisted? Yes _____ **No** _____

Mobile: _____

E-mail address of person requesting accommodation:

[illegible][illegible]

Verification of Need: You MAY be asked to allow us to verify the need for this accommodation. If so, the information we obtain will be kept completely confidential and used solely to determine that the accommodation is needed.

Signature of complainant: _____

Date: _____

You may also include:

- Any special accommodations for us to communicate with you about this complaint
- Contact information for someone who can help us reach you if we cannot reach you directly
- If you have filed your accommodation request somewhere else and where you've filed. Include agency, contact person and contact information
