

**AMERICANS WITH DISABILITIES ACT (ADA)  
ACCOMMODATION REQUEST FORM**

**Complete and send to:**  
County Administrator's Office  
1100 Simonton Street, Suite 205  
Key West, FL 33040  
Ph: (305) 292-4441 Fax: (305) 292-4544

**Contacts:**  
Lindsey Ballard, Aide to County Administrator  
[ballard-lindsey@monroecounty-fl.gov](mailto:ballard-lindsey@monroecounty-fl.gov)  
Elaine Ferda, Executive Assistant  
[ferda-elaine@monroecounty-fl.gov](mailto:ferda-elaine@monroecounty-fl.gov)

**ADA Coordinator Contact:**  
Calvin Allen  
1100 Simonton Street, Suite 268  
Key West, FL 33040  
[allen-calvin@monroecounty-fl.gov](mailto:allen-calvin@monroecounty-fl.gov)  
Ph: (305) 292-4545 Fax: (305) 292-4564

**REQUESTOR INFORMATION**

Name \_\_\_\_\_ Date \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME PHONE (include area code) \_\_\_\_\_ Business Phone (include area code) \_\_\_\_\_

**PERSON MAKING THE REQUEST (if other than individual needing the accommodation):**

Name \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME PHONE (include area code) \_\_\_\_\_ Business Phone (include area code) \_\_\_\_\_

OTHER CONTACT INFORMATION: \_\_\_\_\_

**INFORMATION ON ACCOMMODATION**

DATE AND TIME ACCOMMODATION NEEDED: \_\_\_\_\_

LOCATION ACCOMMODATION NEEDED: \_\_\_\_\_

DURATION FOR WHICH THE ACCOMMODATION NEEDED: \_\_\_\_\_

NATURE OF DISABILITY THAT NECESSITATES ACCOMMODATION (attach additional information or documentation if necessary)

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**ACCOMMODATIONS REQUESTED (please check one of the following six options):**

Assistive listening device (Assistive listening systems work by increasing the loudness of sounds, minimizing background noise, reducing the effect of distance, and overriding poor acoustics. The listener uses a receiver with headphones or a neckloop to hear the speaker.)

Communication access real-time translation/real-time transcription services (CART is a word-for-word speech-to-text interpreting service for people who need communication access. A rendering of everything said in a meeting will appear on a computer screen. CART is not an official transcript of a proceeding.)

Sign Language Interpreter (Please specify American Sign Language, oral interpreter, signed English, or other type of signing system used by persons with hearing loss.): \_\_\_\_\_

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Assignment to a meeting room that is accessible to a person using a mobility device (Please specify wheelchair, scooter, walker, or other mobility device that is used.): \_\_\_\_\_

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Provision of County documents in an alternative format (Please specify Braille, large print, accessible electronic document, or other accessible format used by persons who are blind or have low vision.): \_\_\_\_\_

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Other accommodation (please specify): \_\_\_\_\_

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It is best practice to give consideration to the accommodation sought as required under title II of the ADA; however, alternative methods that achieve effective communication are permissible. The County may comply with the requirements of this section through such means as redesign of equipment, reassignment of services to accessible buildings, assignment of aides to beneficiaries, home visits, delivery of services at alternate accessible sites, alteration of existing facilities and construction of new facilities, use of accessible rolling stock or other conveyances, or any other methods that result in making its services, programs, or activities readily accessible to and usable by individuals with disabilities. The County is not required to make structural changes in existing facilities where other methods are effective in achieving compliance with this section. The County, in making alterations to existing buildings, shall meet the accessibility requirements of Regulation 35.151. In choosing among available methods for meeting the requirements of this section, the County shall give priority to those methods that offer services, programs, and activities to qualified individuals with disabilities in the most integrated setting appropriate. Auxiliary aid requests will be provided at no charge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**THE FOLLOWING SECTION IS TO BE COMPLETED BY COUNTY PERSONNEL ONLY**

Date request was received: \_\_\_\_\_

Name and title of individual responding to this request: \_\_\_\_\_

Additional oral or written information requested?  Yes  No

If so, describe information: \_\_\_\_\_

Accommodation granted?  Yes  No

Describe the accommodation(s) granted by the County if an alternative means to provide access to program or service is offered: \_\_\_\_\_

Indicate the duration the accommodation will be provided: \_\_\_\_\_

*If an accommodation is denied, indicate reason(s) for denial (If the request is denied, granted only in part, or if an alternative accommodation is granted, a written response must be provided to the individual with a disability. Transmittal of a copy of this section of the accommodation request form by email or by U.S. Mail delivery is one means of providing the written response required. If an accommodation is denied due to a finding of undue burden or fundamental alteration, that such determination must be made in writing by the County Administrator).*

Request is denied. Written response provided to requestor and a copy is attached to this document for the record.