Morgan County Disability Access Office
P.O. Box 1357
150 East Washington Street, Suite 200
Madison, Georgia 30650
(706) 342-4373 Office (706) 343-6455 Fax

ADA Request for Accommodation

Please print legibly.

Reporting Individual: _____ Date of Request: _____

Address: _____

City, State and Zip: _____

Telephone Number: _____ Business Phone: _____

Other Contact Information: _____

If person needing accommodation is not the individual completing this form, please complete below:

Name: _____ Telephone Number: _____

Other Contact Information: _____

Check One: ☐ Accommodation ☐ Barrier Removal

Accommodation needed or location of barrier: _____

_____

Brief statement of why the accommodation is needed or the barrier removed: _____

_____

_____

Date accommodation is needed _____

Signature: _____ Date: _____

Planning and Development Representative: _____

Date: _____