



OSCEOLA COUNTY TAX COLLECTOR'S OFFICE TITLE II ADA ACCOMMODATION REQUEST FORM

Please return this completed form as far in advance as possible, but preferably at least 72 hours before the scheduled service, program or activity, to:

Michele Bronson, ADA Compliance Coordinator

2501 E. Irlo Bronson Memorial Hwy

Kissimmee, Florida 34742-2105

Phone: (407) 742-4014 or TTD 800-955-8771

Email: ADATCO@osceola.org

1. Date request submitted:

2. Person needing accommodation

Name: _____

3. Contact information for person needing accommodation

- Street or P.O. Box: _____
- City: _____
- State: _____
- Zip Code: _____
- Telephone Number (include area code): _____
- Email Address: _____

4. Person making request (if other than the person needing the accommodation)

- Name: _____
- Telephone Number (include area code): _____
- Email Address: _____
- Relationship to person needing an accommodation: _____

5. Accommodation information

- Date accommodation needed: _____
- Time accommodation needed: _____
- Location accommodation needed: _____
- Duration for which the accommodation is requested: _____

6. Accommodations requested

- Nature of disability that necessitates accommodation: _____

Accommodation requested (please check one of the following six options):

- Assistive listening device
- Communication access real-time translation/real-time transcription services
- Sign Language Interpreter (Please specify American Sign Language, oral interpreter, signed English, or other type of signing system used by persons with hearing loss.): _____

- Change to a facility that is accessible to a person using a mobility device (Please specify wheelchair, scooter, walker, or other mobility device that is used.): _____

- Provision of 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.): _____

- Other accommodation (please specify): _____

THE FOLLOWING SECTION IS TO BE COMPLETED BY COUNTY PERSONNEL ONLY

8. Date request was received:

9. Additional oral or written information requested? Yes No

If so, describe information: _____

10. Describe the accommodation(s) granted by the County: _____

11. Indicate the duration the accommodation will be provided: _____

12. If an accommodation is denied, indicate reason(s) for denial:

Based on the information provided, it appears the person does not have a disability as defined by the ADA

Requested accommodation does not directly correlate to functional limitations

Request relates to a service, program, or activity not provided by the County (transportation, legal representation, etc.)

Requested accommodation would result in an undue burden

Requested accommodation would result in a fundamental alteration

Other (please specify): _____

13. Remarks: _____

14. County staff responding to request: _____

15. Date person notified of determination: