

## Accommodations:

Pursuant to Section 504 of the Rehabilitation Act of 1973 and Title II of the ADA, Clark County provides reasonable accommodations to individuals with disabilities in an effort to ensure that there are no barriers to County services, programs, or activities.

The types of accommodations that are available to you include, but are not limited to the following:

- Assistive Listening Devices
- Interpretive Services
- Large type documents, forms, or pamphlets
- Wheelchair [access]

You may request an accommodation (or someone else may request an accommodation on your behalf), by accessing this link. Complete the form in its entirety and return it to us within the requested timeframe.

All efforts will be made to provide the requested accommodation or one that reasonably responds to your needs.

With regard to removal of any barriers, said requests will be evaluated for the appropriate response.

If you need assistance in completing this form, contact us at (702) 455-5760; (702) TDD 455-1416; or email at [c1721cts@co.clark.nv.us](mailto:c1721cts@co.clark.nv.us).

Sec. 504 Title II ADA Accommodation Request Form



**Office of Diversity [OOD]**  
**(702)455-5760; [c1721cts@co.clark.nv.us](mailto:c1721cts@co.clark.nv.us); Fax (702) 455-5759**  
**Clark County Government**

**Title II of the ADA**  
**Section 504 of the Rehabilitation Act of 1973**

**Request for Accommodation**

**[If you need assistance in completing this form, please contact the OOD at (702) 455-5760]**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Your email address, if any: \_\_\_\_\_

Identify if request is for yourself or on behalf of another; please check \_\_\_\_\_ self **or**, \_\_\_\_\_ on behalf of another; (If on behalf of another, provide your name and contact info here:

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_ E-mail \_\_\_\_\_

**Check if you are seeking an: \_\_\_\_\_ Accommodation and/or \_\_\_\_\_ Barrier Removal**

**Answer the follow; please be specific:**

Date accommodation is needed: \_\_\_\_\_ Time needed: \_\_\_\_\_ (indicate am or pm)

**Identify** the accommodation you will need and at what location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you are** requesting barrier removal, please identify the barrier you seek to have removed and its location: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please provide** a brief statement as to why you need the accommodation or barrier removal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach additional information or documentation as needed.**

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