

## **INDIVIDUALS WITH A DISABILITY NOTICE IN REGARD TO AUXILIARY AIDS AND SERVICES**

Clark County will furnish reasonable auxiliary aids and services as necessary to an individual with a disability to ensure the individual's equal access for participation in the County's programs, services, or activities.

### ***AUXILIARY AIDS AND SERVICES MAY INCLUDE:***

- ***Large print materials***
- ***Interpreters for persons who are deaf***
- ***Assisted Listening Devices***
- ***Readers***
- ***Other effective methods of ensuring that written or orally presented information is available to individuals who are blind or deaf***

### ***REQUESTING AN AUXILIARY AID OR SERVICE:***

When possible, the individual requesting the auxiliary aid or service is to give the department a 5-day advance notice of the request for an aid or service. Notify the department immediately with any emergency request for an auxiliary aid or service. The department will make every effort to honor the advance-notice request or the emergency request.

### ***DIRECT REQUESTS FOR AUXILIARY AIDS OR SERVICES TO:***

***T. Ann Aguon Perez, Manager BL Ops/Section 504-ADA Title II Liaison***

***500 S. Grand Central Parkway, Las Vegas, NV 89155***

***Phone: (702) 455-2241; Toll-Free (800) 326-6868 (TDD); (702)678-5232 (FAX)***

***Email: [Janine@clarkcountynv.gov](mailto:Janine@clarkcountynv.gov)***

***OR***

***Letty Bonilla/Sr Mgmt Analyst Office of Diversity/Section 504-ADA Title II Coordinator***

***500 S. Grand Central Parkway, Las Vegas, NV 89155***

***Phone: (702) 455-7982; (702) 455-1416 (TDD); (702)455-5759 (FAX)***

***Email: [bonillal@clarkcountynv.gov](mailto:bonillal@clarkcountynv.gov)***

### ***COMPLAINT PROCESS:***

If you believe that you have been discriminated against because of your disability, you may file a complaint with the Section 504/Title II ADA Liaison or the Section 504/Title II ADA Coordinator listed immediately above.

OR, you may wish to file a complaint with the:

***United States Department of Justice***

***Civil Rights Division, Disability Rights Section***

***PO Box 66738***

***Washington DC 20035***

***1-800-514-0310***

***[www.usdoj.gov](http://www.usdoj.gov)***

## ACCOMODATION:

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) 455-2241; FAX (702) 678-5232 ; or email at [Janine@clarkcountynv.gov](mailto:Janine@clarkcountynv.gov).



**Clark County Department of Business License**  
 Telephone (702) 455-2241 Facsimile: (702) 678-5232  
[Janine@clarkcountynv.gov](mailto:Janine@clarkcountynv.gov)

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

**REQUEST FOR ACCOMODATION**

*[Return completed form to Ruth Reda, OSS for recordation and distribution. If you need additional assistance in completing this form, please contact the ADA Liaison at (702) 455-2241]*

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 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:

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: \_\_\_\_\_