



## ADA Request for Reasonable Modification Form

Hall County Government will not discriminate against qualified individuals on the basis of disability in its services, programs, or activities. Each request for a Reasonable Modifications is reviewed separately. Please submit this application to: Hall County ADA Coordinator, Human Resources; Fax: 770-531-7137; Physical Address: 2875 Browns Bridge Rd., Gainesville, GA 30504

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternate or Emergency Contact:

Nature of your disability:  Visual disability  Physical disability  Learning disability

Hearing disability  Psychological disability

Other: \_\_\_\_\_

Request Date: \_\_\_\_\_ Request Time: \_\_\_\_\_ Request Duration:

Event: \_\_\_\_\_ Location:

Please describe your preferred method of reasonable accommodation:

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To be completed by Hall County ADA Coordinator

Modification Granted – Description:

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Modification Denied due to undue burden:

\_\_\_\_\_

Modification Denied due to other reason:

\_\_\_\_\_