



## ACCOMMODATION REQUEST FORM

The Bay County Transportation Planning Organization does not discriminate on the basis of disability in admission to, or operation of its programs, services, activities or facilities. This form may be used by individuals with disabilities and/or their companions seeking access to a facility, program, service or activity.

### ACCOMMODATION REQUEST INFORMATION

Name: \_\_\_\_\_ Telephone (or TTY): \_\_\_\_\_

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

The program or facility to which I am requesting access is located at:

#### I am requesting the following accommodation(s):

- ☐ Wheelchair Access
- ☐ Language translation services
- ☐ Sign Language Interpretation
- ☐ Written Material in Alternate Format (Large Print, Computer Disc)
- ☐ Reader
- ☐ Modification of Policy Procedures
- Other \_\_\_\_\_

Please provide any other details or information necessary to process this request.

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### PLEASE RETURN THIS FORM TO

Name: Leandra Meredith, Title VI Coordinator

Address: Emerald Coast Regional Council, 4081 E. Olive Rd. Pensacola, Suite A, Florida, 32514

Email: Leandra.Meredith@ecrc.org

Phone: (270) 206-5519

Hearing Impaired: TTY 711