

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:

Letty Bonilla, Manager Office of Diversity/Section 504-ADA Title II Coordinator
500 S. Grand Central Parkway, Las Vegas, NV 89155
Phone: (702) 455-5760; (702) 455-1416 (TDD); (702)455-5659 (FAX)
Email: c1721cts@co.clark.nv.us

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 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

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) 455-5760; (702) TDD 455-1416; or email at bonillal@clarkcountynv.gov.



Clark County Department of Business License
 Telephone (702) 455-2745 Facsimile: (702) 678-5232
Kathleen.Rodriguez@clarkcountynv.gov

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

REQUEST FOR ACCOMODATION

[Return completed form to Kathleen Rodriguez, ADA Liaison, for recordation and distribution. If you need additional assistance in completing this form, please contact the ADA Liaison at (702) 455-2745]

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: _____