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; 711 (for TTY, TDD, and/or other Relay Services) officeofdiversity@clarkcountynv.gov.
Sec. 504 Title II ADA Accommodation Request Form

Office of Diversity [OOD]
(702)455-5760; officeofdiversity@clarkcountynv.gov; 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 or 711 for Relay Services]

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 following; 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: ________________

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