



VISITOR REQUEST FOR ACCOMMODATION

According to the Americans with Disabilities Act (ADA), no qualified individual with a disability shall, on the basis of disability be excluded from participation in or denied the benefits of DOC services, programs, and activities, or be subjected to discrimination.

Please submit this request to the facility/office ADA Coordinator at the DOC building you intend to visit at least seven business days prior to the scheduled visit. If you require this form in an alternative format, contact the facility/office ADA Coordinator. If you have received prior approval of an accommodation at a DOC building, please notify the DOC building you intend to visit prior to submitting a new request.

I. VISITOR INFORMATION: (Please print)

Form with fields: Name, Phone, Mailing Address, Email, Facility/office & Area, Purpose of visit.

II. PHYSICAL/MENTAL LIMITATION: Describe the limitation necessitating an accommodation. Include any related anticipated accessibility concerns.

III. ACCOMMODATION/MODIFICATION REQUESTED: Be specific. Include dates, times, & locations you will require the accommodation. Primary consideration will be given to the requested accommodation; however, DOC reserves the right to offer an alternative accommodation that is equally effective in accommodating your needs.

By signing this form, I attest that the above information is true to the best of my knowledge and I am authorizing DOC to evaluate the reasonableness of my request. Any information contained in this request shall only be disclosed on a need-to-know basis in order to investigate and implement approved accommodations and will otherwise remain confidential. I understand that failure to cooperate with this process, including providing additional information, may result in the denial of the requested accommodation.

Visitor Signature _____ Date _____

Approved: _____ Denied: _____ Notes: _____
Facility/Office ADA Coordinator, Signature: _____ Printed name: _____ Date: _____