

# FERRY COUNTY REQUEST FOR SPECIAL ACCOMMODATION

Name of Individual Requesting Accommodation	
_____	
Address	Phone
_____	_____

Date Accommodation is requested: _____
County Office you need accommodation for: _____
Approximate length of your visit: _____
Your Proposed Accommodation Resolution: _____

Reserved for Ferry County Use	
Date Received:	
Date Sent to ADA Coordinator:	
Date County Response Sent:	