



Benton County Request for Reasonable Accommodation Form For Non-Courtroom Accommodations

Date: _____ Date Request Received (For County Use): _____

Name of Individual Requesting Accommodation: _____

Mailing Address: _____

Telephone: _____ Email: _____

What is the best way to notify you about the decision of your request:

- Email
- Mail
- Telephone
- Other (please specify) _____

Describe the activity or County service you need accommodation for. Include the date, time, and location:

Describe what accommodation you are requesting and explain why this specific accommodation is necessary:

Provide any information that you think would help the County respond to your request:

Signature of Individual Requesting Accommodation: _____

Return this form to the ADA Coordinator at:

Benton County ADA Coordinator
Human Resources Department
7122 W. Okanogan Place, Building E, Suite E310 Kennewick, WA
99336 Email: hr@co.benton.wa.us

Requests received later than 48 hours prior to scheduled event will only be considered and granted, when possible, as determined by the ADA Coordinator and Elected Official.

For Courtroom Accommodations please visit the Benton County Courts and Judicial Services webpage