



AMERICANS WITH DISABILITIES ACT  
REASONABLE ACCOMMODATION REQUEST FORM

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

If employed by Knox County, please list your department: \_\_\_\_\_

**or**

If not employed by Knox County, what facility, program, activity or service do you need assistance with? *(check all that apply)*

Court       Public Building       Parks       Other: \_\_\_\_\_

What specific accommodation are you requesting?

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?

Is your accommodation time sensitive? Yes No

If yes, please explain:

Have you had any accommodations in the past for this same limitation? Yes No

If yes, what were they and how effective were they?

Please provide any additional information that might be useful in processing your accommodation request:

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**Signature**

**Date**