

ACCOMODATION REQUEST FORM

Blueprint Intergovernmental Agency does not discriminate on the basis of disability in admission to, or operation of its programs, services, activities or facilities. This form may be used by individuals and their companion with a disability seeking access to a Blueprint Intergovernmental Agency program, service, activity or facility.

ACCOMODATION REQUEST INFORMATION

Name: _____ Telephone (or TTY): _____
Address: _____ Date: _____
The program or facility to which I am requesting access is located at:

I am requesting the following accommodation(s):

- Wheelchair Access
- Sign Language Interpretation
- Written Material in Alternate Format (Large Print, Computer Disc)
- Written Material in Braille
- Reader
- Modification of Policy Procedures
- Other

Please provide any other details or information necessary to process this request.

PLEASE RETURN THIS FORM TO:

Shelonda Meeks
Title VI Coordinator
315 S. Calhoun St
Suite 450
Tallahassee, FL 32301
Shelonda.Meeks@blueprintia.org
850-219-1060 (p)
850-219-1098 (f)
7-1-1 (TDD & Voice), via Florida Relay Service