OSCEOLA COUNTY TAX COLLECTOR’S OFFICE
TITLE II ADA ACCOMMODATION REQUEST FORM

Please return this completed form as far in advance as possible, but preferably at least 72 hours before the scheduled service, program or activity, to:

Danielle Kreider, ADA Compliance Coordinator
2501 E. Irlo Bronson Memorial Hwy.
Kissimmee, Florida 34742-2105
Phone: (407) 742-4035 or TTD 800-955-8771
Email: ADATCO@osceola.org

1. Date request submitted:

2. Person needing accommodation
Name: __________________________________________________________

3. Contact information for person needing accommodation
   • Street or P.O. Box: ____________________________________________
   • City: ________________________________________________________
   • State: ______________________________________________________
   • Zip Code: __________________________________________________
   • Telephone Number (include area code): _________________________
   • Email Address: ______________________________________________

4. Person making request (if other than the person needing the accommodation)
   • Name: _______________________________________________________
   • Telephone Number (include area code): _________________________
   • Email Address: ______________________________________________
   • Relationship to person needing an accommodation: ____________________
5. Accommodation information
   • Date accommodation needed: 
   • Time accommodation needed: 
   • Location accommodation needed: 
   • Duration for which the accommodation is requested: 

6. Accommodations requested
   • Nature of disability that necessitates accommodation: 

Accommodation requested (please check one of the following six options):

☐ Assistive listening device

☐ Communication access real-time translation/real-time transcription services

☐ Sign Language Interpreter (Please specify American Sign Language, oral interpreter, signed English, or other type of signing system used by persons with hearing loss.): 

☐ Change to a facility that is accessible to a person using a mobility device (Please specify wheelchair, scooter, walker, or other mobility device that is used.): 

☐ Provision of documents in an alternative format (Please specify Braille, large print, accessible electronic document, or other accessible format used by persons who are blind or have low vision.): 

☐ Other accommodation (please specify): 
THE FOLLOWING SECTION IS TO BE COMPLETED BY COUNTY PERSONNEL ONLY

8. Date request was received:

9. Additional oral or written information requested?  ❑ Yes  ❑ No

If so, describe information: ____________________________________________
                                                                                          ____________________________________________
                                                                                          ____________________________________________

10. Describe the accommodation(s) granted by the County: ____________________________
                                                                                          ____________________________________________
                                                                                          ____________________________________________

11. Indicate the duration the accommodation will be provided: _________________________
                                                                                          ____________________________________________
                                                                                          ____________________________________________

12. If an accommodation is denied, indicate reason(s) for denial:

❑ Based on the information provided, it appears the person does not have a disability as defined by the ADA

❑ Requested accommodation does not directly correlate to functional limitations

❑ Request relates to a service, program, or activity not provided by the County (transportation, legal representation, etc.)

❑ Requested accommodation would result in an undue burden

❑ Requested accommodation would result in a fundamental alteration

❑ Other (please specify): ____________________________________________

13. Remarks:____________________________________________________________________
                                                                                          ____________________________________________
                                                                                          ____________________________________________

14. County staff responding to request:_____________________________________________

15. Date person notified of determination: