

**GUILFORD COUNTY SHERIFF'S OFFICE**  
**AMERICANS WITH DISABILITIES ACT ("ADA")**  
**REQUEST FOR A REASONABLE ACCOMODATION**

1. What is your legal name? \_\_\_\_\_
2. What is today's date? \_\_\_\_\_
3. Are you requesting to enter a building or facility operated by the Guilford County Sheriff's Office?      Yes                      No

If so:

- a. What date and time? \_\_\_\_\_
  - b. Which building or facility? \_\_\_\_\_
  - c. For what purpose? \_\_\_\_\_
4. Are you requesting to use a service or to participate in a program provided by the Guilford County Sheriff's Office?      Yes                      No

If so:

- a. What date and time? \_\_\_\_\_
  - b. Which service or program? \_\_\_\_\_
5. Do you require a reasonable accommodation for your disability?      Yes      No

If so, what kind of accommodation?

\_\_\_\_\_

\_\_\_\_\_

6. Please describe how that accommodation will help you to enter Sheriff's building(s) and/or how the accommodation will help you to use the Sheriff's service or program. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

**THE FOLLOWING ITEMS WILL BE COMPLETED BY**  
**THE GUILFORD COUNTY SHERIFF'S OFFICE ONLY**

Request received by \_\_\_\_\_ on \_\_\_\_\_.

Decision:      Approved                      Denied                      Approved with these conditions:

\_\_\_\_\_

\_\_\_\_\_

Signature of authorized Sheriff's representative: \_\_\_\_\_

Please send completed form by facsimile (336-641-6729) or email to [jsecor@guilfordcountync.gov](mailto:jsecor@guilfordcountync.gov)