TOM GREEN COUNTY PUBLIC
ADA ACCOMMODATION REQUEST

Please complete this form and submit it to the Tom Green County ADA Coordinator/Risk Manager. Information contained within this form is considered confidential and will only be provided to parties involved in the evaluation process. Fields marked with an asterisk (*) are required.

Full Name*: _____

Email Address*: _____

Home Phone*: _____

Work Phone: _____

Street Address*: _____

City, State, Zip*: _____

State the accommodation(s) you are requesting for any services, programs, or activities made available by Tom Green County, Texas. Please provide any specific information you may have relating to sources, names of devices, or other details that may assist the County in evaluating your request.

Accommodation(s) Requested*:

_____

_____

_____

County Disclosure Statement

Please be aware that some or all of the information submitted using this form may be subject to disclosure under the Texas Public Information Act. For additional information regarding the Texas Public Information Act, visit the Texas Attorney General website at:

https://www.texasattorneygeneral.gov/open-government

☐ I have read and understand the information above.*

Signature: _____

Date: _____

Submit completed forms to:

Tom Green County ADA Coordinator/Risk Manager
113 W Beauregard Ave., 2nd floor
San Angelo, TX 76903
(325) 659-6507
HR@co.tom-green.tx.us