

CONFIDENTIAL

**County of Hawai'i
Request for Modification Form**

Name: _____ Telephone No.: _____

Name of Representative (if applicable): _____

Address or other contact information: _____

Do you have a disability as defined under the American's with Disability Act?

Yes

No

Modification Requested for access to County of Hawai'i:

Facility (please name): _____

Program (please name): _____

Policy or Procedures: _____

Other: _____

What are you requesting? (Please be as specific as possible.)

Is your request time sensitive? Yes No

If yes, please explain fully. _____

Reason for the Modification Request

What aspect of our facility, program, and/or service are you having difficulty accessing?

How will the modification you requested help you?

Would you like us to consider any other information that is relevant to your request?

Signature

Date

