

# County of Cumberland Request for Reasonable Accommodation Form

*\*Please complete each section and return to ADA Coordinator listed below.*

**Section 1: Person Requesting Accommodation**

*(Last Name, First Name)*

*(Mailing Address)*

*(Phone Number)*

*(City, State, Zip Code)*

*(E-mail)*

**Section 2: Case Number (if any):**

**Date:**

**Case Name (if any):**

**Section 3: Event or Activity (check all that apply):**

County service or program (specify county department if any):

Other:

**Section 4: List all known dates and times the accommodations are needed (specify):**

**Section 5: What is the nature of your disability?**

**Section 6: What accommodation would you like and why?**

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**Section 7: Please provide any other information that would help the County respond to your request:**

**Section 8: How do you want to be informed of the status of your request for accommodation?**

Telephone     Letter     E-mail     Other (*specify*)

*(Type or print name of person making request)    (Signature or person making request)    (Date)*

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