

# REASONABLE ACCOMMODATION REQUEST FORM

*The Tennessee Department of Transportation (TDOT) ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by TDOT, its recipients, sub-recipients, and contractors. To request an accommodation and/or an alternate format, please contact Shanna Chevalier, ADA / Section 504 Coordinator at 615-741-0465, or the Tennessee Relay Service at 7-1-1.*

Date of Filing: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_



Type(s) of Disability(ies):

\* Please note, this information is not required and is voluntary.

Speech                       Hearing                       Visual  
 Mobility                       Mental / Emotional                       Other: \_\_\_\_\_

1. What specific accommodation are you requesting? If known, please identify the source and cost for providing the accommodation(s). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If you are not sure of the accommodation needed, do you have any suggestions about what options we can explore? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_