

Request Form for Auxiliary Aids and Services

Please fill out this form completely in print (blue ink) or type. Sign and return to the ADA Coordinator via mail, fax or email. ADA Coordinator must be given 72 hour notice to accommodate. If assistance is needed in completing this form, please contact:

ADA Coordinator
Hinds County Board of Supervisors
316 S. President Street
Jackson, MS 39205
Telephone: (601) 714-6347
Cell: (601) 720-4878
FAX: (601) 968-6544
State Relay: 711
Email: gnelson@co.hinds.ms.us.

Individual Information

Ms. <input type="checkbox"/>	First Name	Last Name	
Mr. <input type="checkbox"/>			
Mailing Address		City	
State	Zip	Email	
Personal Phone		Work Phone	

How would you like us to contact you?

Email Mail In Person Telephone Other

Please provide a brief description of the auxiliary aids or service needed. Also include any supporting documentation beneficial to assist in processing the request. Attach additional pages if needed.

Over

Please sign and date this request. Signatures are not required if this form is being submitted by email, just type your name and date.

Signature

Date

Parent or Legal Guardian may sign on behalf of minor child. Legal Guardian, Power of Attorney, or equivalent may sign on behalf of adult (documentation is required).

ADA Coordinators Use Only:

Action taken:

Date received

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ADA Coordinator signature

Date