

EXHIBIT C.2
STATE OF ILLINOIS
TENTH JUDICIAL CIRCUIT TAZEWELL COUNTY

Request for Accommodation under the Americans with Disabilities Act
(REQUEST TO REMAIN CONFIDENTIAL)

Date: _____

Please print:

Name of person requesting accommodation: _____

Address: _____

Daytime Phone Number: _____ E-mail: _____

Type of accommodation requested (please be specific):

Date accommodation is needed: _____

Location where accommodation is needed:

Please send a copy of the completed form by mail to:

Tazewell County Courthouse
Court Disability Coordinator
342 Court St
Pekin, IL 61554

Or by e-mail to: ceeten@tazewell.com
Phone: (309) 477-2201 TDY: (800) 526-0844

Please sign to verify the foregoing information: _____

Please print name: _____

Office Use Only:

Accommodation: _____ granted: _____ denied: _____

Requestor notified on: _____ via: _____

Type of Accommodation: _____

Comments: _____