

CONFIDENTIAL

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

Name: _____ Telephone No.: _____

Name of Representative (if applicable): _____

Address or other contact information: _____

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?

What limitation(s) is/are preventing you from accessing our facility, program, and/or service?

How will the modification you requested help you?

What will happen if your request is not granted?

I understand that I cannot request an additional modification to this facility, program, or service for a five-year period unless there is a change in my limitations or a modification is necessary because of a geographic move.

Signature

Date

