



MISSISSIPPI DEPARTMENT OF MARINE RESOURCES
ADA ACCOMMODATION REQUEST FORM

Please Print:

Name: _____

Date: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Type of Accommodation Requested (Select One):

Employment Related Accommodation

Program Customer Accommodation MDMR

Limited Use of Vessel Accommodation

Description of Accommodation Request: Please describe in detail the nature of your request and the accommodation(s) you are requesting. List specific steps you feel the agency may take to make the accommodation.

If you are requesting an accommodation to participate in an agency program or activity, it is important to explain in detail the activities in which you are interested (i.e., fishing, bird watching, etc.) and the geographical locations where you will need the accommodation. You must explain why you are unable to currently participate in the program/activity and what accommodations you are requesting to enable you to participate.

In many cases the agency is able to review the requested accommodation with the information provided. However, if additional information is needed, you will be contacted to discuss the request.

You are encouraged to include appropriate medical documentation confirming the need for the accommodation. In some instances, the MDMR may require requesters to provide appropriate medical documentation. (Use as many pages as necessary to explain)

Signature

Date