

**Horry County**  
**Human Resources Department**  
**Risk Management**  
1301 Second Avenue  
Conway, SC 29526



Post Office Box 997  
Conway, SC 29528-0296  
Phone: (843) 915-5230  
Fax: (843) 915-6230  
www.horrycountysc.gov

**CITIZEN REQUEST FOR ACCOMMODATION**

Date: \_\_\_\_\_

Person Submitting Request:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Phone number:

\_\_\_\_\_  
Email address for notice purposes:

Request is made on behalf of myself: Yes \_\_\_\_\_ No \_\_\_\_\_

If Request is made on behalf of another person, please provide the name of the person on whose behalf the Request is submitted:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Phone number:

**Individuals with disabilities who wish to participate in County programs, services, or activities and who need an accommodation in order to do so are invited to present their Requests for Accommodation to the County by completing this Request for Accommodation form or by calling (843) 915-7345 / (843) 915-7351.**

**Please indicate the type of Accommodation you are requesting below:**

Community Services

Name of Activity or Service:

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Date(s) of Activity or Service: \_\_\_\_\_

Location:

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Board/Commission Meeting

Description of Meeting \_\_\_\_\_

Date: \_\_\_\_\_

Location:

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Access to County Department or Public Hearing

Department or Hearing Description \_\_\_\_\_

Date: \_\_\_\_\_

Location:

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**Please describe the nature of the specific Accommodation you are requesting. If you perceive multiple options that would satisfy your Request, please indicate all possible options.**

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Signature of person completing request