



## REQUEST FOR AUXILIARY AIDS OR SERVICES

Please submit your request as soon as possible but no later than 96 hours before the scheduled event. If you are a person with a disability, there is no cost for making this request.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Document Request:** \_\_\_\_\_  
(Please specify the document name with date, if applicable)

Select format that you are requesting the document be provided:

- Braille
- Large Print
- Audio Recording
- Accessible Electronic Format

### **Auxiliary Aid or Service Request:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

- Board of Director's Meeting
- Public Meeting
- Other: \_\_\_\_\_

Select Aid or Service that you are requesting:

- Sign Language, Oral, and Cued Speech Interpreters
- Assistance with Notetaking
- Assistance with Reading and Completing forms
- Computer-Aided Real-time Transcription (CART)
- Other: \_\_\_\_\_

*Please complete and submit form request to [ADA@hcrma.net](mailto:ADA@hcrma.net) or call (956) 402-4762 and provide the information verbally.*