

**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.)

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Is your request time sensitive?     Yes     No

If yes, please explain fully. \_\_\_\_\_

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**Reason for the Modification Request**

What aspect of our facility, program, and/or service are you having difficulty accessing?

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

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How will the modification you requested help you?

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Would you like us to consider any other information that is relevant to your request?

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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

