



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

Disability Accommodation Request Michigan Office of Administrative Hearings and Rules

You should request accommodations as soon as possible; if you are requesting an accommodation for a hearing please submit the request within five (5) days of receipt of the Notice of Hearing.

Requestor's Name	Telephone Number	E-Mail Address
Address	City, State, Zip	
Case Name and MOAHR Docket Number		Today's Date
For what impairment do you need accommodations?		
What type of accommodations do you need?		
<input type="checkbox"/>	Visually Impaired Explain Accommodation Needed:	
<input type="checkbox"/>	Hearing Impaired Explain Accommodation Needed:	
<input type="checkbox"/>	Large Font Font Size Requested:	
<input type="checkbox"/>	Electronic Copy of MOAHR Correspondence	
<input type="checkbox"/>	Other Accommodation(s) needed to effectively participate in process or hearing:	

When completed mail or fax this form to:

MOAHR – Disability Accommodation Request
P.O. Box 30695
Lansing, MI 48909
Fax: (517) 335-6696

Call MOAHR at (517) 335-2484 if you have questions about this form.