



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
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) 763-0148

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