

Form 1 of 2
St. Tammany Parish Application for
Members of the Public to Participate Remotely in Public Meeting
Meeting via Electronic Means - ACT 393: La. R.S. 42: 14(E)

Application Information

**Caregiver Information (if Caregiver will
attend meeting on behalf of Applicant)**

Applicant Full Name

Caregiver Full Name (if applicable)

Applicant Address

Caregiver Address

Applicant Cell Phone Number

Caregiver Cell Phone Number

Applicant Email Address

Applicant Email Address

Meeting/Agenda Information

*Name, date, and time of meeting you wish to
attend remotely*

Agenda item that you wish to speak on

Have you been diagnosed with a disability recognized by the Americans with Disabilities Act?

Are you currently diagnosed with this disability? _____

How does the functional limitation caused by your disability affect your ability to attend the public meeting? _____

I certify that I am aware that submitting false or incomplete information on this form may subject me to penalties, including that I may be found ineligible to participate remotely in public meetings.

Applicant Signature (or mark if unable to sign)

Date of Signature (mm/dd/yyyy)

Caregiver Signature (if applicable)

Date of Signature (mm/dd/yyyy)

FORM 2 OF 2
ST. TAMMANY PARISH COUNCIL
MEDICAL EXAMINER'S CERTIFICATION OF DISABILITY
Meeting via Electronic Means - ACT 393: La. R.S. 42: 14(E) and 42:17.2.1

I certify that (Examinee's Name) _____ Birth Date: _____

(Address) _____

(City/State/Zip Code) _____

has been examined and confirm that he or she has a current, clinical diagnosis of a disability that is recognized by the American with Disabilities Act. I confirm that this diagnosis would affect his or her ability to participate at a meeting in person and qualifies for a reasonable accommodation to access public meetings by:

☐ Video Conference

☐ Teleconference

I further understand that willful and false certification shall subject me to fines/imprisonment.

Medical Examiner's Signature

Date

Printed Name of Medical Examiner

State License#

Address

Telephone#

PARISH COUNCIL STAFF SECTION:

Received on (date and time) _____

Parish Council Staff's Name _____