Town of Ashland City

P. O. Box 36 101 Court Street
Ashland City, Tennessee 37015
Phone 615-792-4211 Fax: 615-792-3501

REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL

Check one: Accommodation Barrier Removal

Name of Complainant: Last _____ MI _____ First

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-mail Address: _____

Preferred Method(s) of Communication: (Check all that apply)
Voice Telephone TTY E-mail US MAIL & Other: _____

Accommodation needed or location of barrier: _____
_____
_____

Brief statement of why the accommodation is needed or the barrier removed: _____
_____
_____

NOTE: Barrier Removal requests are conducted and prioritized by the City with regard to budget and scheduled projects.

Date accommodation is needed: _____

CERTIFICATION: I certify that I have a disability or medical condition that requires reasonable accommodation, which will be met by acquiring the equipment, services, or work adjustments described above.

Signature: _____ Date: _____

If person needing accommodation is not the individual completing this form, please provide Representative's Name: _____

Address: _____

Telephone Number: _____

_____

For more information or assistance in completing the form, please contact the ADA Coordinator via (direct line) (615) 792-6455 or bstinson@ashlandcitytn.gov