# Request for Accommodation or Barrier Removal
# Pursuant to the Americans with Disabilities Act (ADA)

**Check One:** Accommodation _____ Barrier Removal _____

**I. Complainant Information**

Name: _____
Last First MI

Address: _____
Street Number and Name PO Box

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I prefer to be contacted by: Phone _____ TTY _____ Email _____ US Mail _____ Other (specify) _____

**II. Accommodation Needed or Location of Barrier**

_____

_____

_____

**III. Brief statement of why the accommodation is needed or the barrier should be removed**

_____

_____

_____

NOTE: Barrier removal requests are conducted and prioritized by the County with regards to budget and scheduled projects. All requests and work are subject to applicable local, state, and federal codes, laws, and regulations.

**CERTIFICATION:** I hereby certify that the information & statements above are true.

Signature: _____ Date: _____

If person needing accommodation is not the individual completing this form, please provide the following information:

Name: _____
Last First MI

Address: _____
Street Number and Name PO Box

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

For more information or assistance with completing this form, please contact the **Tipton County ADA Coordinator: Bob Beanblossom**, Phone 901 476-0219, Email rbeanblossom@tiptonco.com., Address: Tipton County ADA, 103 E. Pleasant Ave., Covington, TN 38019.

Use the reverse side of this form or attach numbered pages if needed.