CITY OF MILAN

AMERICANS WITH DISABILITIES ACT (ADA) COORDINATOR
1061 S. MAIN STREET
MILAN, TN 38358

TEL: (731) 686-0774 FAX: (731) 686-2986
jshultz@cityofmilantn.com

REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL

Check one: ☐ **Accommodation** ☐ **Barrier Removal**

Name of Complainant: _____
Last MI First

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email Address: _____

Preferred Method(s) of Communication: (Check all that apply)

☐ Voice Telephone ☐ TTY ☐ Email ☐ 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 hereby certify that the information and statements above are true.

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 telephone or email at (731) 686-0774 or jshultz@cityofmilantn.com