

Town of Fortville, Indiana

ADA Title II Request for Reasonable Accommodation Form

Instructions: If you are completing this form for another individual, please submit their contact information and the preferred method of contact. If you are the person who we should contact, please submit your information and your preferred method of contact. Please submit to: Town of Fortville ADA Coordinator & Town Council, 714 East Broadway Street, Fortville, Indiana 46040. Request may be sent via Fax to: (317) 485-4141.

Person Completing this Form:	<input type="checkbox"/> Citizen <input type="checkbox"/> Representative of Citizen
Today's Date:	
Citizen Contact information	
Name:	
Street Address, Zip	
Telephone Number	
E-Mail Address	
Preferred Method of Contact: <input type="checkbox"/> E-Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Mail	
Representative of Citizen Contact Information	
Name:	
Street Address, Zip	
Telephone Number	
E-Mail Address	
Preferred Method of Contact: <input type="checkbox"/> E-Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Mail	
Accommodation Information	
Please Identify the City department or office associated with the program, service, or activity:	
Please specify the program, service or activity you are seeking to participate:	
Accommodation you are requesting:	
How will this accommodation assist you?	