



**Town of Fairplay Title II of the Americans with Disabilities Act
Request for Accommodations or Barrier Removal**

This material can be made available upon request in an alternative format as required by the Americans with Disabilities Act of 1990. For further assistance, you may direct your request to the ADA Coordinator listed below.

Name of Person Filling out form

Individual Needing Accommodations

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ Zip: _____

City: _____ Zip: _____

Signature: _____

Signature: _____

Date Submitted: _____

Please list the facility, program, service, or location for which you are requesting accommodations or barrier removal:

Date(s) the accommodation is needed:

What are the specific accommodations you are requesting?

Additional comments and/or relevant documents may be attached

Please return the completed and signed form to:
Kim Wittbrodt
ADA Coordinator
PO Box 267
Fairplay, CO 80440
kwittbrodt@fairplayco.us
(719) 836-2622 ext. 103

