



## TOWN OF BROWNSBURG, INDIANA ADA TITLE II REQUEST FOR REASONABLE ACCOMMODATION FORM

**Instructions:** Please fill out this form completely. The form may be mailed to or submitted at the address at the bottom of the page.

Date:	<input type="checkbox"/>	Citizen	<input type="checkbox"/>	Representative of Citizen
<b>Reporting Individual Contact information</b>				
Name:				
Address:				
Telephone Number:				
E-Mail Address:				
Preferred Method of Contact: <input type="checkbox"/> E-Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Mail				
<b>Service, Program or Facility Requiring Accommodation</b>				
Name of Program, Service or Facility:				
Date of Incident or Discovery:				
<b>Describe the accommodation you are requesting (please use additional attachments as necessary):</b>				
<b>Response or Action Taken (for Town of Brownsburg use only):</b>			<b>Date of Response or Action:</b>	
<b>Signature of Reporting Individual:</b>				

*Please mail or submit to: ADA Coordinator, Town of Brownsburg, 61 N. Green St., Brownsburg, IN 46112*

**For Office Use:**    Date Received: \_\_\_\_\_    Received By: \_\_\_\_\_

