



City of Fountain Title II of the Americans with Disabilities Act

Request for Accommodation 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 Accommodation	
Name:		Name:	
Address:		Address:	
City:	Zip	City:	Zip
Phone:	Email:	Phone:	Email
Signature:		Signature:	
Date Submitted:			
Please list the facility, program, service, event, or location for which you are requesting accommodation or barrier removal:			
Date(s) the Accommodation is Needed:			
What is the specific accommodation you are requesting?			
Additional comments and/or relevant documents may be attached			

Please return the completed and signed form to:

Rosa McCormick
ADA Coordinator
116 South Main Street,
Fountain, CO 80817
(719) 322-2019
rosa@fountaincolorado.org

