CITY OF SHELBYVILLE

INCORPORATED 1810
AMERICANS WITH DISABILITIES ACT (ADA) COORDINATOR
201 N. SPRING STREET
SHELBYVILLE, TN 37160

TEL: (931) 684-2691 FAX: (931) 684-1423
stacey.claxton@shelbyvilletn.org

REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL

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

Name of Complainant: _____
Last MI First

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-mail Address: _____

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

☐ Voice Telephone ☐ TTY ☐ E-mail ☐ 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 certify that I have a disability or medical condition that requires reasonable accommodation, which will be met by acquiring the equipment, services, or work adjustments described above.

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 (direct line) (931) 684-2691 or
stacey.claxton@shelbyvilletn.org