



Sullivan County, Tennessee

AMERICANS WITH DISABILITIES ACT

ADA COORDINATOR, 3419 Highway 126, Blountville, TN 37617

Email Coordinator: ADA@sullivancountyttn.gov

REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL

Check One: Accommodation Barrier Removal

Name of Complainant:

Last MI First

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Email: _____

Preferred Method of Contact: (Check all that apply)

Voice Telephone TTY CRS Email 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 county with regard to budget and scheduled projects.

Date accommodation is needed: _____

Certification: I certify that I have a disability or medical condition that required 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 No.: _____

For more information or assistance in completing the form, please contact the ADA Coordinator

Office Direct # (423) 323-6405 or ADA@sullivancountytn.gov