



## **Citizen Accommodation Request and Concerns** **Americans with Disabilities Act Plan**

### *Instructions:*

*Please fill out this form completely in ink or type. Sign and return to the County Courthouse using the contact information at the bottom of this form.*

*If you are unable to complete this form due to a disability or need additional information, please contact the ADA Coordinator, Mr. Charles Baines, at (423) 753-1652 for assistance and the County, to the extent possible, will make reasonable accommodations.*

### **Confidentially:**

Information contained on this form will be classified as **CONFIDENTIAL** to the extent permitted by law. Information obtained or generated in the processing of the accommodation request may be released to individuals of County departments or agencies participating in the evaluation or provision of the accommodation requested.

### **Requester:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

1. Is the accommodation request related to a County event, program, or accessibility issue?

Event/Program Name: \_\_\_\_\_

Event/Program Date: \_\_\_\_\_

Accessibility Issue Location: \_\_\_\_\_

\_\_\_\_\_

2. What is the barrier which prevents you from participating or the nature of the accessibility issue?

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3. Describe accommodation requested: \_\_\_\_\_

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4. How will the accommodation requested help relieve any roadblock to your satisfactory participation? \_\_\_\_\_

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5. Any other concerns or difficulties? \_\_\_\_\_

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6. Signature: \_\_\_\_\_

7. Date Submitted: \_\_\_\_\_

Return to:

**Washington County**  
**100 E. Main St.**  
**Jonesborough, TN 37659**  
**Attention: Charles Baines, ADA Coordinator**  
**Email: [cbaines@washingtoncountyttn.org](mailto:cbaines@washingtoncountyttn.org)**