



Incorporated 1996

Town of Pleasant View

Lisa Parker, City Recorder

1008 Civic Court

Post Office Box 127

Pleasant View, TN 37146

Phone: 615-746-0600

Fax: 615-746-0699

REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL

Check one: Accommodation _____ Barrier Removal _____

Name of Complainant: First _____ MI _____ Last _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

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 Town 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 needed accommodation is not the individual completing this form, please provide Representative's Name: _____

Address: _____

Telephone Number: _____

For more information or assistance in completing this form, please contact the ADA Coordinator via (direct line) 615-746-0600, ext. 102 or cityrecorder@townofpleasantview.com

A Pleasant Place To... Live, Work, Play & Grow