



ADA/504 Coordinator
 4430 South Adams County Pkwy
 County Attorney's Office, C5000B
 Brighton, CO 80601-8206
 Phone: 720-523-6882
 Fax: 720-523-6114
 Email: ADA504@adcogov.org

Reasonable Modification Request Form

Please fill out this form completely in print or type. Sign and return to the ADA Coordinator via email, fax, mail or in person. Requests are processed as quickly as possible. Timing may vary depending on the nature and complexity of the request. If you require assistance completing this form, please contact the ADA Coordinator.

Qualified Individual Information:

FIRST NAME		LAST NAME	
HOME PHONE (Please include area code)		WORK or CELL PHONE (Please include area code)	
MAILING ADDRESS			CITY
STATE	ZIP CODE	EMAIL ADDRESS (If available)	

How would you like us to contact you?

Email Mail Telephone Other (specify) _____

Please state the County program, activity or service requiring accommodation. Note that if your request requires a response in a certain timeframe or is related to a specific event, please provide the date and time of the event.

Please describe the requested modification and provide any supporting documentation necessary to assist in processing the request. Attach additional pages if needed.

Please sign and date this request. You do not need to sign if submitting this form by email, just type your name.

Signature	Date
Parent or Legal Guardian may sign on behalf of minor child.	
Legal Guardian, Power of Attorney, or equivalent may sign on behalf of an adult - documentation is required.	

For Administrative Use Only:

Date received

Action taken:

ADA/504 Coordinator signature

Date completed