



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](mailto:ADA504@adcogov.org)

# Auxiliary Aids and Services 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. 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 PHONE (Please include area code)	
MAILING ADDRESS			CITY
STATE	ZIP	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 in which you need to use an auxiliary aid or service. 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.**

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**Please describe the auxiliary aids or service needed, including the reason and purpose, and provide any supporting documentation necessary to assist in processing the request. Attach additional pages if needed.**

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**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 adult documentation is required.

**For Administrative Use Only:**

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<b>Action taken:</b>	<b>Date received</b>
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<b>ADA/504 Coordinator signature</b>	<b>Date completed</b>
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