



City of Florence Request for Accommodations Form

Title II of the Americans with Disabilities Act

Name of Person Filling Out Form		Individual Needing Accommodation	
Name:		Name:	
Address:		Address:	
City:	Zip	City:	Zip
Phone:	Email:	Phone:	Email
Signature:		Signature:	

Date Submitted:

Please list the facility, program, service, event, or location for which you are requesting accommodation or barrier removal: (additional comments and/or relevant documents may be attached)

Date(s) the Accommodation is Needed:

What is the specific accommodation you are requesting?

Please return this form in hard copy or email it to:

Cortlyne Huppe
ADA Coordinator-Title II ADA/Section 504
600 West Third Street
Florence, CO 81226
cortlyne.huppe@florencecolorado.org
719-784-4848

This material can be made available upon request in an alternative format as required by the Americans with Disabilities Act of 1990. For further assistance, you may direct your request to the ADA Coordinator.