**COMMISSIONERS:**

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Facilities and Strategic Infrastructure Management Services

Facilities ~Security ~Parking ~ Americans with Disabilities Act (ADA)

El Paso County Title II of the Americans with Disabilities Act

**Request for Accommodation or Barrier Removal**

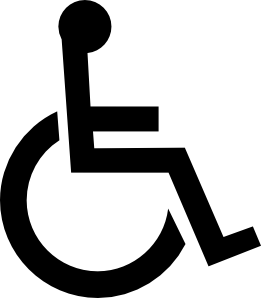
This material can be made available upon request in an alternative format as required by the Americans with Disabilities Act of 1990. For further assistance, you may direct your request to the ADA Coordinator listed below.

**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:  Date(s) the Accommodation is Needed: |
| What is the specific accommodation you are requesting?  Additional comments and/or relevant documents may be attached |

Please return the completed and signed form to:



**David Mejia**

**El Paso County**

**Title II ADA/Section 504 Coordinator**

**325 South Cascade Avenue**

**Colorado Springs, CO 80903**

**ADACompliance@elpasoco.com**

**(719) 520-6866**

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