**El Paso County Title II of the Americans with Disabilities Act**

**Request for Accommodation or Barrier Removal**

The material in this document 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.

Address:

Name:

**Individual Requiring Accommodation or Barrier Removal**

City: State: Zip:

Phone: Email:

**Individual Completing Form if different from above**

Name:

Address:

City: State: Zip:

**What is the specific accommodation you are requesting?** (Additional comments and/or relevant documents may be attached and submitted)

**Date submitted:**

**Signature:**

**Please list the facility, program, service, event or location you are requesting accommodation or barrier removal:**

Phone: Email:

Brande Blair|El Paso County - Title II ADA Coordinator **|** [ADACompliance@elpasoco.com](mailto:ADACompliance@elpasoco.com) **|** 719-520-6811