



CITY OF KINGSPORT

AMERICANS WITH DISABILITIES ACT (ADA) COORDINATOR
301 LOUIS STREET, SUITE 301
KINGSPORT, TN 37660
TELEPHONE NO.: (423) 229-9309 FACSIMILE NO.: (423) 343-9788
EMAIL: ADAcontact@KingsportTN.gov

REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL

Check One: Accommodation Barrier Removal

Name of Complainant: _____
Last MI First

Address: _____
City: _____ State: _____ Zip: _____

Telephone No.: _____ Email: _____

Preferred Method of Contact: *(Check all that apply)*

Voice Telephone TTY CRS Email US Mail Other: _____

Accommodation needed or location of barrier:

Brief statement of why the accommodation is needed or the barrier removed:

NOTE: Barrier removal requests are conducted and prioritized by the city with regard to budget and scheduled projects.

Date accommodation is needed: _____

Certification: I certify that I have a disability or medical condition that required reasonable accommodation, which will be met by acquiring the equipment, services or work adjustments described above.

Signature: _____

Date: _____

If person needed accommodation is not the individual completing this form, please provide:

Representative's Name: _____

Address: _____

Telephone No.: _____

For more information or assistance in completing the form, please contact the ADA Coordinator via (423) 229-9309 or ADAcontact@kingsporttn.gov.