Please provide the following information necessary to process your ADA accommodation request. Complete, sign and return this form by mail, FAX or email to:

ADA Coordinator  
Ada County Department of Administration  
200 W Front Street, Boise, ID 83702  
Phone: (208) 287-7123  
FAX: (208) 287-7159  
ADACoordinator@adaweb.net

Requestor’s name (please print): _______________________________________________________________________
Address: __________________________________________________________________________________________
City: __________ State: __________ Zip: __________
Phone # (home): ______________________________________________________________________ (work): ______________________________________________________________________

Program, service or activity requiring accommodation: _______________________________________________________________________________________

Date and time when accommodation is needed: _______________________________________________________________________________________

Location where accommodation is needed: _______________________________________________________________________________________

Please describe why you need an accommodation and the type of accommodation you are requesting.

________________________________________________________________________________________________________________________________________

I certify that to the best of my knowledge and belief that the statements and information on this form are true, accurate and complete.

_________________________________________     _________________________________________
Requestor’s signature              Date