

Chisago County
Request for Access to Services, Programs, or Activities
Under the Americans with Disabilities Act (ADA)

REQUESTOR INFORMATION

Name: _____

Address: _____ **Apt. No.:** _____

City: _____ **State:** _____ **ZIP Code:** _____

Telephone: _____ **Other Phone:** _____

E-mail: _____

NATURE OF THE REQUEST

County Department Involved: _____

Date(s) Access Needed: _____

Description of Desired Service, Program, or Activity:

Requested Action of County to Create Access to Service, Program, or Activity:

Signature: _____ **Date:** _____

Return to: Human Resources Director / ADA Compliance Director
Chisago County Government Center
313 N Main St, Suite 170
Center City, MN 55012
Telephone: (651) 213-8830 Fax: (651) 213-8868