



City of Brighton
500 South 4th Avenue Brighton, CO 80601
303-655-2000 Office
www.brightonco.gov
Email: adacoordinator@brightonco.gov

Auxiliary Aids and Services Request Form

Please fill out this form completely in print or type. Sign and return to the ADA Coordinator via email, fax, mail or in person. Requests are processed as quickly as possible. If you require assistance completing this form, please contact the ADA Coordinator.

Qualified Individual Information:

FIRST NAME

LAST NAME

DAYTIME PHONE (Please include area code)

ALTERNATE PHONE (Please include area code)

MAILING ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS (If available)

How would you like us to contact you?

Email

Mail

Telephone

Other (specify) _____

Please state the City program, activity or service in which you need to use an auxiliary aid or service. Note that if your request requires a response in a certain timeframe or is related to a specific event, please provide the date and time of the event.

Please describe the auxiliary aids or service needed, including the reason and purpose, and provide any supporting documentation necessary to assist in processing the request. Attach additional pages if needed.

Please sign and date this request. You do not need to sign if submitting this form by email, just type your name.

Signature: _____

Date: _____

Parent or Legal Guardian may sign on behalf of minor child.

Legal Guardian, Power of Attorney, or equivalent may sign on behalf of adult documentation is required.

For Administrative Use Only:

Action taken:

Date received:

ADA Coordinator Signature: _____

Date Completed: _____