



City of Saint Paul
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

City Department Involved: _____

Date(s) Access Needed: _____

Description of Desired Service, Program, or Activity:

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

 **Signature:** _____ **Date:** _____

Return to: Alyssa Wetzel-Moore, ADA Coordinator
Department of Human Rights and Equal Economic Opportunity (HREEO)
240 City Hall
15 West Kellogg Blvd.
St. Paul, MN 55102
Telephone: (651) 266-8965 Fax: (651) 266-8962
E-mail: ADACoordinator@stpaul.gov

Revision Date 09/01/2010

Office Use Only Action Provided: _____ Date Provided: _____