

Nassau County, New York Reference#_____

Americans with Disabilities Act (ADA) , Title II

Resolution Request Form

Contact Information

Name: _____ Date: _____

Address: _____

Telephone Number _____ Email: _____

Name and location of service, program and or activity not fully available or accessible.

Explain manner of which service, program or activity is not fully accessible.

Include photos if possible _____

Accommodation / Remedy sought:

Signature _____

Provide additional filing Information, if needed, on reverse of this page.

For Office Use Only:

Dept: _____ ADA Liaison: _____

Date received: _____ Reference Number _____

Time sensitive deadline (if any) should be noted: _____

