

Date Report Filed: _____
(Office use only)



Borough of Fort Lee
309 Main Street
Fort Lee, New Jersey 07024-4799

**Title II of the Americans with Disabilities Act (ADA)
Request for Accommodation or Barrier Removal**

Please complete this form if you require an auxiliary aid or service or a barrier removal to participate in a program, service, or activity of the Borough of Fort Lee.

For further assistance, direct your request to Greg Cervieri, ADA Compliance Officer, at 201-592-3500 X 1026, Text Telephone (TTY) for individuals with hearing, or speech disabilities: 201-585-0467, Email g-cervieri@fortleenj.org

| <u>Name of Person Filling Out Form</u> | <u>Individual Needing Accommodation</u> |
|--|--|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| City/State: _____ Zip _____ | City/State: _____ Zip _____ |
| Phone: _____ | Phone: _____ |
| Email: _____ | Email: _____ |
| _____ Check if Borough staff | _____ Check here if individual is a minor. |

Date(s) the Accommodation is needed: _____

Accommodation or Barrier Removal Request (please attach additional comments and/or relevant documents):

| For Office Use Only | |
|---|---------------------------|
| Department: _____ | Email: _____ Phone: _____ |
| Request Granted _____ Yes _____ No | Date: _____ By: _____ |
| Description of Accommodation or Reason for Denial (attach backup or additional documentation/information as needed): _____ | |
| Requesting Individual Notified: _____ | Date: _____ Staff: _____ |
| Via: _____ Phone _____ Email _____ Letter _____ In Person | |