



The Most Livable
City in America

City of Saint Paul Request for Access to Services, Programs, or Activities Form under the Americans with Disabilities Act (ADA)

Requestor:

Name _____

Address _____ Apt. No. _____

City _____, State _____ ZIP Code _____

Telephone No. _____ 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: ADA Coordinator
Department of Human Rights and Equal Economic Opportunity (HREEO)
280 City Hall
15 West Kellogg Blvd
St. Paul, MN 55102
Telephone: (651) 266-8966 Fax: (651) 266-8962
E-mail: ADACoordinator@ci.stpaul.mn.us**

Revision Date 03/10/2010

For Office Use Only: Action Provided: _____ Date Provided: _____