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# 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: TJay Middlebrook, ADA Coordinator  
Department of Human Rights and Equal Economic Opportunity (HREEO)  
280 City Hall  
15 West Kellogg Blvd  
St. Paul, MN 55102  
Telephone: (651) 256-3015 Fax: (651) 266-8962  
E-mail: ADACoordinator@ci.stpaul.mn.us**

Revision Date 03/10/2010

For Office Use Only: Action Provided: \_\_\_\_\_ Date Provided: \_\_\_\_\_