

**Chisago County**  
**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**

**County Department Involved:** \_\_\_\_\_

**Date(s) Access Needed:** \_\_\_\_\_

**Description of Desired Service, Program, or Activity:**

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return to: Human Resources Director / ADA Compliance Director**  
**Chisago County Government Center**  
**313 N Main St, Suite 170**  
**Center City, MN 55012**  
**Telephone: (651) 213-8868 Fax: (651) 213-8868**