

Have efforts been made to resolve this complaint through the Request for Accommodation with the ADA Coordinator? YES ___ NO ___ If yes, what were the results?

Signature: _____

Date: _____

Send to:

City of Morganton

Andrew Smith

ADA Compliance Coordinator

P.O. Box 3448

Morganton, NC 28680

(828) 438-5279

Email: asmith@morgantonnc.gov

Upon request, reasonable accommodation will be provided in completing this form or copies of the form will be provided in alternative formats. Please contact the ADA Compliance Coordinator.