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## BEDFORD COUNTY TENNESSEE

CHAD D. GRAHAM - COUNTY MAYOR

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### BEDFORD COUNTY ADA COORDINATOR

John Boutwell  
john.boutwell@bedfordcountyttn.org  
Office: 931.684.2105

### REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL

Check One:  Accommodation  Barrier Removal

Name of Complainant: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Communication Method: (Check all that apply)

Phone  TTY  E-mail  US Mail  Other

Accommodation needed or location of barrier:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief statement of why the accommodation is needed or the barrier removed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Barrier removal requests that are conducted and prioritized by the County with regards to budget and scheduled projects.** Date accommodation is needed: \_\_\_\_\_

**CERTIFICATION: I hereby certify that I have a disability or medical condition that requires reasonable accommodation, which will be met by acquiring the equipment, services, or work adjustments described above.**

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

If person needing accommodation is not the individual completing this form, please provide:

Representative's name: \_\_\_\_\_ Phone: \_\_\_\_\_

For more information or assistance in completing this form, contact the ADA Coordinator. Info above.

**WORKING FOR A BETTER BEDFORD**