



ADA Modification Request Form

Submit form to: ADA Coordinator
Julie Luna
Bernalillo County Public Works
2400 Broadway Blvd. SE
Albuquerque NM 87102

Phone: 505-848-1508
Email: jaluna@bernco.gov

This form may be used for members of the public to seek a modification in order to provide an equitable opportunity for an individual with a disability to participate in or use a Bernalillo County facility, program, service or activity. This material may be made available in alternative formats upon request.

Requests may also be made directly to the ADA Coordinator by letter, email, or phone call.

Name of Person Filling Out Form		Individual Needing Accommodation		
Mailing Address		City	State	Zip
Telephone	Alternate Telephone	Email		
Please describe the facility, program, service, or activity for which you are requesting accommodation or barrier removal. Please include the location.				
Please describe the specific modification you are requesting. Additional comments and/or relevant documents may be attached.				
Signature of Person Filling Out Form:		Signature of Individual Needing Accommodation:		
Date:		Date:		

Number of Pages:
