



ADA Modification Request

Date of Request:	Name of Requestor or Authorized Representative:
Street Address:	
City, State, Zip Code:	
Phone:	Email (if applicable):
Description of Facility, Program, Service, or Activity Involved:	
Specific Location:	
My disability limits my ability to fully participate in the following way:	
Description of Modification(s) Requested:	
Description of how the requested modification will allow you to fully participate:	
I certify, to the best of my knowledge, this information is complete and accurate. I understand this form must be completed in its entirety, and that I may be asked to provide additional information prior to consideration for review. I also understand that modification requests should be made as early as possible as some request may take longer than others to arrange.	
Printed Name:	Signature:

Attach additional pages as necessary. If you need assistance or have questions about this form, please contact the ADA Coordinator at ada@lascruces.gov. Completed forms may be emailed to ada@lascruces.gov or mailed to P.O. Box 20000, Attn: HR Department, Las Cruces, NM 88004.