



City of Fairhope ADA Comment Form

Please complete and return to: City of Fairhope, City Clerk, 161 North Section Street, Fairhope, Alabama 36532. By request, reasonable accommodation will be provided in completing this form, or copies of the form will be provided in alternative formats.

Date of Comment: _____

Contact Information of Individual Submitting Comment

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Preferred Method of Contact: E-Mail Telephone Mail

Please provide any comments that you have on the City of Fairhope's ADA Transition Plan (please use additional attachments as necessary):

Response (for the City of Fairhope use only) and Date of Response:

For Office Use: Date Received: _____ Received By: _____

*Please mail or Submit to: ADA Coordinator, City of Fairhope, 555 S. Section Street, Fairhope, AL 36533