



**Gaines Charter Township
Request for Access to Services, Programs, or Activities
Under the Americans with Disabilities Act (ADA)**

REQUESTOR INFORMATION

Name: _____

Address: _____ Apt. No.: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Alternative Phone: _____

E-mail: _____

NATURE OF THE REQUEST

Township Department Involved: _____

Date(s) Access Needed: _____

Description of Desired Service Program, or Activity: _____

Requested Action of Township to Create Access to Service, Program, or Activity: _____

Name: _____

Date: _____

Please Print

Signature: _____

Return to:
Gaines Charter Township
8555 Kalamazoo Ave., SE
Caledonia, MI 49316
Telephone: 616-698-6640
Fax: 616-6982490