

**Mail or Hand Deliver your completed form to:  
City of Meridian  
ADA Coordinator/EEO  
601 23rd Avenue  
Meridian, MS 39302**

**Americans with Disabilities Act Claim/Assistance Form**

**This form may be used by non-city employees to file a claim with the City of Meridian ADA Coordinator based on violations of Title II of the Americans with Disability Act and Section 504 of the Rehabilitation Act of 1973. You are not required to use this form, a letter that provides the same information may be submitted to file your claim.**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

*Individual(s) involved in claim, if different than above (use additional pages if needed).*

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**Please explain your relationship with the individual(s) indicated above:**

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**Name of City of Meridian Department or program involved in claim:**

\_\_\_\_\_

**Name(s) of individual(s) and/or position title (if known) that involved in the claim:**

\_\_\_\_\_

**Date(s) of alleged claim:** \_\_\_\_\_

