

TOWN OF OTTERBEIN, INDIANA

REQUEST FOR AUXILIARY AIDS AND SERVICES

Requests must be made 72 hours in advance.

Name:		
Phone Number:	Email:	
Address:		
City:	State:	ZIP:
Type of Auxiliary Aid/Service Requested:		

Requestor Signature

Date

Return your completed complaint form to:

ADA/Title VI Coordinator:	Lukas Darling, MPA
Address:	111 S Main Street, PO Box 215, Otterbein, IN 47970
Phone Number:	(765) 583-3430
Email:	LDarling@otterbein.in.gov

To be filled out by ADA/Title VI Coordinator:

Date Received:
Nature of Auxiliary Aid/Service Provided: <input type="checkbox"/> Sign Language Interpreter <input type="checkbox"/> Certified Interpreter <input type="checkbox"/> Qualified Staff <input type="checkbox"/> Video Remote Interpretive Service <input type="checkbox"/> Large Print <input type="checkbox"/> Assistance Completing Forms <input type="checkbox"/> Video Relay Services <input type="checkbox"/> Relay Indiana <input type="checkbox"/> Written Material <input type="checkbox"/> CART <input type="checkbox"/> Other:
Date and Time Provided: