

CERTIFICATION: I certify that I have a disability or medical condition that requires reasonable accommodation, which will be met by acquiring the equipment, services, or work adjustments described above.

Signature: _____ Date: _____

If person needing accommodation is not the individual completing this form, please provide

Representative's Name: _____

Address: _____ Telephone Number: _____

For more information or assistance in completing the form, please contact

Town of Greeneville
Human Resources Department
Patsy Fuller, ADA Coordinator
200 N. College St.
Greeneville, TN 37745
423-639-7105 Phone
423-639-0093 Fax
Email pfuller@greenevilletn.gov