

CITY OF OPELIKA
ADA TRANSITION PLAN
COMMENTS/QUESTIONS FORM

Name: _____

Address: _____

Contact Phone Number: _____

Email Address: _____

Transition Plan Comments or Questions: Please list questions and/or comments below. You may attach an additional sheet if needed.

Signature: _____ Date: _____

The City of Opelika is an equal opportunity employer and does not unlawfully discriminate on the basis of race, sex, religion, age, national origin, veteran status, or disability.

This form is used to submit comments and/or questions concerning our Transition Plan for programs and/or facilities for individuals with disabilities. Collection of this information is to help the City of Opelika improve access to City employment, facilities, programs, and services for everyone. The information provided will be used for that purpose, and may be shared with City staff in their official capacity.

You will receive an initial notification regarding the City's receipt of this request and any initial follow up action or information required within two business days. Thank you for your interest in making the City of Opelika the safest and most family and business friendly city in America.