## **ADA Request for Solution**

The information collected on this form will be used to file a formal ADA Request for Solution. During the investigation of the request, you may be contacted to further discuss the request and/or possible solution. If you do not wish to participate in a formal request procedure, please contact the ADA Coordinator.

RaNae Jochim, ADA Coordinator Phone: 701-222-6766 Email: rjochim@bisparks.org Address: 400 E. Front Ave., Bismarck, ND 5	58504	
First Name	Last Name	
Address		
City	State	Zip
Phone Number	Email	
Classification of Accessibility/Concern/Ir	nquiry (Choose all that apply	·)
Modification Request		
Program/Service		
Facility Accessibility		
Other		
Specific Location or Address in Bismarck,	if known	
Please describe your request, including the	he date and time of any inci	dent, if applicable
Please describe your requested or sugges	sted resolution	
Your request will be submitted to the AD information. You will receive a written re response is required, or you have question	sponse to your request with	in 30 days. If another form of

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