

**ADA Transition Plan 3 Year
Self-Certification**



Name of Municipality: _____

Status of ADA Transition Plan (Brief description of updates)

Published ADA Transition Plan (web address, public notices, etc.)

Name of ADA Coordinator

Name Title

Phone Number E-mail Address

This is to certify our agency has been updating the ADA Transition Plan (TP) to ensure agency' commitment toward compliance of Title II of the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973.

Municipality Mayor

Name Signature

Date Phone Number E-mail Address

Send this form with supporting documentation to:

TDOT, Engineering Production Support, ADA Office
James K. Polk Building, Suite 1200, 505 Deaderick Street, Nashville TN 37243
or
documents may be sent electronically to: TDOT.ADACompliance@tn.gov