



**TOWN OF BROWNSBURG  
ADA TRANSITION PLAN  
PUBLIC COMMENT FORM**

Date of Comment:	
<b>Contact Information of Individual Submitting Comment</b>	
Name:	
Address:	
Telephone Number:	
E-Mail Address:	
Preferred Method of Contact: <input type="checkbox"/> E-Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Mail	
<b>Please provide any comments that you have on the Town of Brownsburg's ADA Transition Plan (please use additional attachments as necessary):</b>	
<b>Response (for Town of Brownsburg use only):</b>	<b>Date of Response:</b>

*Please mail or submit to: ADA Coordinator, Town of Brownsburg, 61 N. Green St., Brownsburg, IN 46112*

**For Office Use:**    Date Received: \_\_\_\_\_    Received By: \_\_\_\_\_

