



# ADA Information Request

TO: ADA Program Coordinator, CCRB

DATE: \_\_\_\_\_

CN: \_\_\_\_\_

REQUESTOR: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

CONTACT INFO: \_\_\_\_\_

Assigned CLE: *(Check one)*

<input type="checkbox"/> D1	<input type="checkbox"/> D2	<input type="checkbox"/> D3	<input type="checkbox"/> D4	<input type="checkbox"/> D5	<input type="checkbox"/> D6
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**Or** Assigned CLE- LPA: *(Check one)*

<input type="checkbox"/> D1 & D2	<input type="checkbox"/> D3 & D6	<input type="checkbox"/> D4 & D5
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Response Time Requested :

\_\_\_\_\_ Hours (On an emergency basis only)

\_\_\_\_\_ Days

\_\_\_\_\_ Weeks

ADA Question: *(Please provide as much detail as possible, i.e. if there are conflicting interpretations of PROWAG, what those interpretations are as you understand them.)*

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Pictures attached

Resolution:

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