



# TOWN OF TOPSFIELD

OFFICE OF THE BOARD OF SELECTMEN

461 Boston Street, Topsfield, MA 01983

T: (978) 887-1500 F: (978) 887-1502 selectmen@topsfeld-ma.gov

## ADA Coordinator Designation Form

**ADA Coordinator Name:** Jen Collins-Brown

**Name of Department ADA Coordinator Works:** Fire Department

**Job Title:** Fire Chief

**E-Mail:** [jcbrown@topsfeldfire.com](mailto:jcbrown@topsfeldfire.com)

**Phone:** 978-887-5148

**Address:** 27 High Street, Topsfield, MA 01983

**Date Appointed:** July 1, 2017 (has been appointed since sometime before 1997)

**Is This Appointment**  **Permanent**      **Or**      **Acting**

**Does this ADA Coordinator report directly to the appointing authority?**     **Yes**      **No**

**Are the ADA Coordinator Duties**      **Full Time**      **Or**       **Part Time**

**Direct Supervisor (Name & Title):** Board of Selectmen

**Appointing Authority Signature:** *Raymond Jackson* **Date:** 10/3/2017

**ADA Coordinator Signature:** *Jenifer Collins-Brown* **Date:** 10/5/17

Please send copy of completed form to:

The Massachusetts Office on Disability, 1 Ashburton Place, Room 1305

Or email to [mod-info@state.ma.us](mailto:mod-info@state.ma.us), or fax to 617-727-0965