Barriers I Face...

My Name: _____

Where I live in Tennessee: _____

Something that makes my day-to-day life difficult: _____

_____

_____

_____

_____

Something I wish my community had: (examples: accessible parks, city transportation, safe sidewalks, etc.)

_____

_____

_____

_____

Comments or more information: _____

_____

_____

_____

Sincerely, Your Constituent:

_____