REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL

Title II of the American with Disabilities Act Section 504 of the Rehabilitation Act of 1973

Please type or print legibly.

Name of person making request: _________________________________ Date of request: ________________

Address: _________________________________ City ___________________ State _______ Zip ___________

Telephone Number: _________________________ E-mail address: ___________________________________

If person needing accommodation is not the individual completing this form, please enter:

Name: __________________________________________ Telephone Number: _________________________

Other Contact Information: ____________________________________________________________________

Check one:  □ Accommodation  □ Barrier Removal

Accommodation needed or location of barrier:  ____________________________________________________

___________________________________________________________________________________________

Brief statement of why the accommodation is needed or the barrier removed: __________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Date accommodation is needed: ______________________________

Signature: __________________________________________ Date: _________________________

Please give the completed form to the department where accommodation is needed or send to:
ADA Coordinator, Human Resources and Risk Management Dept.
1055 S. Grady Way, Renton, WA 98057, Phone 425-430-7650, Fax 425-430-7665

For more information or assistance in completing the form, please contact the ADA Coordinator.