Renton Regional Fire Authority

1055 S. Grady Way, Renton, WA 98057 Phone 425-430-7000 Fax 425-430-7044 TTY Relay 7-1-1 www.RentonRFA.org



REQUEST FOR ACCOMODATION OR BARRIER REMOVAL

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

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 co	ompleting this form,	please enter:
Name:	me: Telephone Number:		
Other Contact Information:			
Check one:	on 🗆 B	arrier 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 send the completed form to:

Sheila Madsen, ADA Coordinator, Administration Office 1055 S. Grady Way, Renton, WA 98057, Phone 425-430-7064, Fax 425-430-7044

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