REQUEST FOR ACCOMMODATION 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 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 send the completed form to:

Sheila Madsen, ADA Coordinator, Administration Office
18002 108th Ave SE, Renton, WA 98055, Phone 425-430-7064, Fax 425-430-7044

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