



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:

Christine Noddings, ADA Coordinator
Renton Regional Fire Authority
18002 108th Ave SE
Renton, WA 98055
Phone: 425-276-9500, Fax: 425-276-9592, TTY Relay Service: 711
Web: www.RentonRFA.com; Email: cnoddings@rentonrfa.org

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