

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:

Cathy Schrock, ADA Coordinator
Burien City Hall
400 SW 152nd Street, Suite 300
Burien, WA 98166
Voice 206-248-5504 TTY Relay Service: 711
cathys@burienwa.gov

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

Alternate formats available upon request