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