



Request for Reasonable Accommodation

This form is being submitted to the ADA Coordinator who will distribute this request to the appropriate city personnel for accommodation.

Date:	
Person Submitting Request:	Phone Number:
Person Request is for:	Phone Number:
Address:	
<p>Individuals with disabilities who wish to participate in City programs, services, or activities and who need accommodation are invited to present their requests for accommodations to the City by completing this Request for Accommodation form or by calling (509) 575-6090 at least 72 hours in advance of the event or activity.</p> <p><input type="checkbox"/> Court Appearance <input type="checkbox"/> Board/Council Meeting</p> <p>_____</p> <p>Date and Time of Court Date and Time of Meeting</p> <p>_____</p> <p>Location of Court Location of Meeting</p>	
<p>Please describe your request for reasonable accommodation and possible solutions. If you need more room please feel free to attach additional pages.</p>	

Signature of Person Completing Request: _____ Date: _____

Print Name: _____