

**REQUEST FOR REASONABLE ACCOMMODATION**

Please print, fill out, and submit this form to request accommodation for Ecology program’s services, or activities. Mail to: Ecology ADA Coordinator, PO Box 47600, Olympia, WA 98504-7600 or Email to: ecyadacoordinator@ecy.wa.gov. You may call 360-407-6831 for assistance with this form.

**WRITTEN MATERIALS (PRINTED OR ONLINE)**

|  |  |
| --- | --- |
| Do you know the title(s) of the specific publication(s) you want? | [ ]  Yes [ ]  No |
| If yes, please provide the title(s):  |
| If no, please provide the information below to the best of your ability.  |
| Subject matter: |  |
| Source of information: |  |
| Location seen or reference provided: |  |
| Other: |  |
| What alternate format do you prefer? | [ ]  Large print [ ]  Reader [ ]  Braille[ ]  Digital format (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**MEETINGS OR EVENTS**

|  |  |
| --- | --- |
| Name of meeting or event: |  |
| Date scheduled: |  |
| Do you need a reader? [ ]  Yes [ ]  No |
| Do you need a sign language interpreter? [ ]  Yes [ ]  NoIf yes, specify preference: [ ]  Visual [ ]  Tactile |
| Do you have other communication requests? [ ]  Yes [ ]  NoIf yes, please specify: [ ]  Transcripts [ ]  Video displays [ ]  Captioning [ ]  Assistive listening device[ ]  Induction Loop [ ]  Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**REQUESTOR INFORMATION**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Phone number(s) |  |
| Email |  |

|  |
| --- |
| **For Internal Use**Request received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Forwarded to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |