[](http://teams/sites/CE/pubs/Ecology%20Logos/ECOLOGO_W-G.wmf)

**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](mailto: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  No  If yes, specify preference:  Visual  Tactile | |
| Do you have other communication requests?  Yes  No  If 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |