ADA Compliance Team
152 W. Cedar Street, Sequim, WA 98382
PH (360) 681-6605 adacompliance@sequimwa.gov

Request for Accommodation Form

The City of Sequim is committed to complying with the Americans with Disabilities Act (ADA). The ADA Compliance Team will review each request individually on a case-by-case basis, to determine whether accommodation or modification can be made. **Please do NOT send copies of medical records. The agency is not authorized or qualified to interpret medical records.**

Contact Information of requestor or representative:

_____
Name

_____
Street address/City/State/Zip code

_____
Phone number (work, home, cell, or message phone)

_____
Email address

Preferred method of communication:

☐ Email ☐ Phone ☐ Mail

Type of accommodation/modification requested (please be specific)

_____

_____

_____

_____

_____

_____

Date and location of accommodation/modification needed:

_____

I certify under penalty of perjury of law that the information above is true and correct. I understand that all information becomes a matter of public record after the filing of this complaint.

_____ _____

Signature of requestor or representative **Date**

Reserved for entity use:

Date received: _____ By: _____

Request: □ Granted □ Denied

Explanation of outcome/Notes:

_____

_____

_____

_____

_____

_____

Requestor notified on: _____ By: _____