



Yakima County Request for ADA Accommodation

Today's Date:	Date Request Received: (For County, use date received)
Name:	
Email:	
Mailing Address:	
Telephone:	Other (specify):
What is the best way to notify you about the decision of your request?	<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Other
Describe the activity or County service you need accommodation for. Include the date, time, and location:	
Describe the disability for which you are requesting an accommodation:	
Describe what accommodation you are requesting and explain why this specific accommodation is necessary:	
Provide any information that you think would help the County respond to your request.	
Signature of Person Requesting Accommodation:	
<u>Return this form to the County ADA Coordinator at:</u>	
Yakima County ADA Coordinator Human Resources Department 128 N 2nd Street, Rm B-27 Yakima, WA 98901 Email: human.resources@co.yakima.wa.us	