



# Public Access Request for Accommodation Form

## Contact Information

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Preferred Contact Method:

- Mail
- E-mail
- Phone

**Explain what functional disability you have that limits your ability to participate in a City of Orting program or service: (e.g. "I am confined to a wheelchair.")**

**Describe the program, service, or activity you cannot access due to your disability, and what you believe are barriers to access or participation.**

**Proposed Accommodation/Resolution:**

Print a copy of this request for your files and e-mail it to [clerk@cityoforting.org](mailto:clerk@cityoforting.org), or mail it to: City of Orting, City Clerk, 104 Bridge St S. PO Box 489 Orting, WA 98390. You will be notified within 5 business days that your request was received, and learn the outcome of the request within 15 business days. Questions? Please call 360-893-9008.