



Public ADA Complaint Form

Contact Information

Name: _____
Company: _____
Address: _____
City: _____ Zip: _____
E-mail: _____
Phone: _____

Preferred Contact Method:

- Mail
- E-mail
- Phone

Issue: (Identify the nature of disability and how it impairs a major life function):

Proposed Accommodation/Resolution:

Print a copy of this request for your files and e-mail it to 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.