



ADA Accommodation Request Form

Personal Information

Data Required	Enter data below:
Date of Request	
Name:	
Phone Number:	
Email:	
Address:	
City:	
State:	
Zip Code:	
Docket Number(s):	

Accommodation Request

Select Type of Request:

- To access to a facility
- To participate in a hearing

Accommodation Request	Enter request below:
<p>Please tell us how we can modify our services or facilities to meet your needs.</p> <ul style="list-style-type: none"> • Please be specific about what you need to easily approach, enter, operate, participate in, or use our facilities and services. • Please include what accommodations have worked for you in the past. • If you have more information, please submit it. 	

Preferences

If we need to contact you about this ADA request, do you prefer:

- Phone
- Email
- Letter

The best time to call me is:

- 8 - 11 AM
- 11 AM - 2 PM
- 2 - 5 PM
- No preference



Mail, Email or Fax Form

Mail, email or fax form to:

Office of Administrative Hearings

Attn: ADA Coordinator

PO Box 42488

Olympia, WA 98504-2488

Email: OAH_ADACoordinator@oah.wa.gov

Fax: (360) 664-8721

Contact OAH

To contact the ADA coordinator, please call (360) 407-2700 or (800) 583-8271. TTY (hearing impaired) users please dial 7-1-1 or 1-800-833-6388 for the Washington relay operator.