



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.