

City of Redmond
Public Meeting/Service Accommodation
Request Form

DATE OF REQUEST: _____ **TIME:** _____

Person Making Request:

Name: _____

Mailing Address: _____

Phone: _____

Relationship to person requiring accommodation: _____

Person Requiring Accommodation (if different than above):

Name: _____

Mailing Address: _____

Phone: _____

TYPE OF ACCOMMODATION REQUESTED:

• Disability Accommodation: _____

• Communication Accommodation:
Sign Language _____
Spanish Interpretation _____

OTRS Assistance _____ Speech To Speech, Text To Speech (TTY)

* Call-In Time: _____

**Provide call-in time and meeting room phone # to OTRS Communication Assistant and person requesting/requiring accommodation*

MEETING/SERVICE INFORMATION:

Public Meeting/Service _____

Meeting/Service Date/Time: _____

Meeting/Service Location: _____

Meeting/Service Rm Phone #: _____

Name of staff completing this form: _____

HR/Risk Manager & ADA Coordinator
Sharon Harris
541-923-7738