



**CITY OF REDMOND, OREGON
BARRIER REMOVAL /
REASONABLE ACCOMMODATION REQUEST FORM**

NAME: _____

DATE OF REQUEST: _____

LOCATION OF REQUEST: _____

1. Describe the nature of the concern:

2. Describe the reasonable accommodations that are necessary:

3. Additional Comments:

Upon completion, return to:
City of Redmond
Attn: ADA/Title VI Coordinator
411 SW 9th Street
Redmond, OR 97756
(541) 504-3036
access@ci.redmond.or.us