



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 (explain): _____

- 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: _____

Return at least 72 hours prior to event to:
City of Redmond
Attn: ADA/Title VI Coordinator
411 SW 9th Street
541-504-3036
Access@ci.redmond.or.us