 REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL

Please type or print legibly.

Name of person making request: ____________________________ Date of request: ___________

Address: _______________________________ City _______________ State ______ Zip _________

Telephone Number: ________________________ E-mail address: _________________________

If person needing accommodation is not the individual completing this form, please enter:

Name: ____________________________________ Telephone Number: _____________________

Other Contact Information: __________________________________________________________

Check one: □ Accommodation □ Barrier Removal

Accommodation needed or location of barrier: ___________________________________________

________________________________________________________________________________

Brief statement of why the accommodation is needed or the barrier removed: ________________

________________________________________________________________________________

________________________________________________________________________________

Date accommodation is needed: _____________________________________________________

Signature: _________________________________________ Date: ______________________

Please give the completed form to the department where accommodation is needed or send to:

Cheryl Massae, ADA Coordinator, cmassae@bcag.org
Butte County Association of Governments
Butte Regional Transit, B-Line
2580 Sierra Sunrise Terrace, Suite 100
Chico, CA 95928
(530) 879-2468 / FAX (530) 879-2444

For more information or assistance in completing the form, please contact the ADA Coordinator.