

**APPENDIX A**



**PUBLIC WORKS DEPARTMENT**  
33325 8<sup>th</sup> Avenue South  
Federal Way WA 98003-6325  
253-835-2700; Fax 253-835-2709  
[www.cityoffederalway.com](http://www.cityoffederalway.com)

**Customer Service Request for Barrier Removal**

The Customer Request for Barrier Removal program is established through guidance under the American with Disabilities Act (ADA) to serve citizens with disabilities who have identified physical/structural barriers in the community which impede access to services, programs and activities offered by the City of Federal Way.

Date of Request: \_\_\_\_\_  
Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number \_\_\_\_\_ Mobile # \_\_\_\_\_

Email: \_\_\_\_\_

If person needing accommodation is not the individual completing this form, please enter  
Name \_\_\_\_\_

Phone# \_\_\_\_\_ email \_\_\_\_\_

Location information (please provide specific location of the problem/request)  
Street \_\_\_\_\_ Name \_\_\_\_\_ and \_\_\_\_\_ Address \_\_\_\_\_ (if \_\_\_\_\_ available)

Cross \_\_\_\_\_ Street \_\_\_\_\_

Comments: (describe your request/concern, if possible location on Map)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

