City of Burien Request for Accommodation or Barrier Removal

Title II of the American with Disabilities Act Section 504 of the Rehabilitation Act of 1973



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 it to:

ADA Grievance Coordinator
City of Burien
400 SW 152nd Street, Suite 300
Burien, WA 98166
Email: accessibility@burienwa.gov
Telephone: 206-436-5567

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

Coordinator. Alternate formats available upon request

Revision: 1/31/2026