KITTITAS COUNTY

PUBLIC MEETING ADA ACCOMMODATION REQUEST FORM

Kittitas County is committed to providing equal access to County meetings, services, programs, and activities. A person with a disability may request an accommodation to participate in a County public meeting.

Please submit this request as early as possible. Advance notice helps the County arrange services and accessible meeting access.

Submit this form to:

ADA Coordinator: Human Resources Director
Email: hr@co.kittitas.wa.us
Mail/In-Person: Human Resources Department, 205 W 5th Ave., Suite 107, Ellensburg, WA 98926

1. REQUEST INFORMATION

Name: _____

Phone: _____ Email: _____

Mailing Address (optional) _____

If someone else is submitting this request on your behalf:

Name: _____ Relationship: _____

Phone: _____ Email: _____

2. MEETING INFORMATION

Meeting, hearing, event, board, or department: _____

Date: _____ Time: _____ Location (if known): _____

How do you plan to participate?

☐ In person ☐ Remote/Virtual ☐ Not sure

Agenda item or topic (if known): _____

3. ACCOMMODATION REQUEST

Please describe the accommodation, auxiliary aid, service, accessible format, or other modification you are requesting to participate effectively:

Please check any that apply. This list is not exhaustive.

Communication Access:

☐ American Sign Language (ASL) interpreter
☐ Other sign language interpreter: _____
☐ Qualified reader
☐ Communication access for a support person/companion
☐ Other communication accommodation: _____

Accessible Documents or Materials:

☐ Large print
☐ Accessible electronic document
☐ Braille
☐ Audio format
☐ Other format: _____

Physical Access or Participation:

☐ Wheelchair-accessible seating/space
☐ Seating near an interpreter, screen, or speaker
☐ Additional time, breaks, or modified public-comment process
☐ Virtual meeting component if physical attendance is not possible
☐ Permission for a support person, personal care attendant, or service animal
☐ Other access need or reasonable modification: _____

4. PREFERENCE AND MATERIALS

What is your preferred aid, service, or format?

Do you need materials in an accessible format?

☐ No
☐ Yes – Please identify the materials and preferred format:

Is there anything else that would help the County provide effective access?

5. TIMING

When do you need the accommodation or materials? Date: _____ Time: _____

6. ACKNOWLEDGEMENT

I understand that Kittitas County may contact me if clarification is needed to evaluate and arrange an effective accommodation.

_____ _____

Signature Date

FOR COUNTY USE ONLY

Date received: _____ Received by: _____

Meeting/event title: _____ Date: _____ Dept: _____

Requested accommodation: _____

Interactive discussion/clarification needed?

☐ No ☐ Yes – date(s)/summary: _____

Determination:

☐ Approved as requested

☐ Approved with equally effective alternative

☐ Other action taken: _____

Accommodation/service arranged by: _____

Vendor/provider, if applicable: _____

Cost, if applicable: $_____

Requester notified on: _____ By: _____