

Explain the nature of the disability you have that limits your ability to participate and how it impairs a major life function.

Proposed Accommodation/Resolution:

Signature: _____

Date: _____

Send Completed Form to:

City of Marysville
Teri Lester, ADA Coordinator
1049 State Avenue
Marysville, WA 98270

RESERVED FOR ENTITY USE	
<hr/>	
<hr/>	<hr/>
Date Received by ADA Coordinator	Date City Response Sent