



Accommodation Request Form

Please use this form to request a disability accommodation in DEP services, programs, or activities.

The Pennsylvania Department of Environmental Protection (DEP) is committed to ensuring equal access to its services, programs, and activities regardless of disability, in accordance with federal and state laws and regulations.

Should you have a disability that presents barriers to full, meaningful participation in DEP services, programs, or activities, the agency will work to provide you with reasonable accommodations at no cost to you. Submission of this form does not imply that DEP will be able to guarantee the request is granted.

Requests should be typed or clearly printed in black or blue ink. If additional space is needed for any section, please continue on additional 8½" x 11" pages.

DEP encourages this form be completed as far in advance as possible, but received at least two full business days, before the time when an accommodation would be requested.

To submit a request, please send this completed form by mail or email to:

DEP Non-Discrimination Coordinator

RA-EPNonDiscrim@pa.gov

Rachel Carson State Office Building, 400 Market Street, 16th Floor, Harrisburg, PA 17105

Your Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email _____

Type of Request

- Written materials Meeting or event

What is the nature of your disability?

Written Materials (Online or Printed)

**Title of publication or
DEP webpage address:** _____

**If you do not know the
name of the publication,
please describe the
subject matter
requested:** _____

- Requested alternative
format:**
- Large print Reader Braille
- Digital format (please specify) _____
- Other (please specify) _____



Meetings or Events

DEP Service, Program, or Activity Name(s): _____

DEP Personnel Involved Name(s), if applicable: _____

DEP Personnel Involved Position(s), if applicable: _____

Location(s): _____

Date(s): _____

Is this a one-time event or a request for ongoing accommodations?

One-time event Ongoing accommodations

Will you need a reader?

Yes No

Will you need a sign language interpreter?

Yes No

If so, what sign language?

American Sign Language Other _____

If yes, what type?

Visual Tactile

Any other communication requests?

Yes No

Transcripts Video displays Captioning

If yes, what type?

Assistive listening device Introduction loop

Other (please specify) _____

Please share any additional information that may be helpful in reviewing your request.

A record containing an individual's medical, psychiatric, or psychological history or disability is exempt from the access requirements of the Pennsylvania Right-to-Know Law (RTKL). A person with a direct interest in the record that is subject of an appeal before the Pennsylvania Office of Open Records will receive notice and have an opportunity to participate in the appeal. See 65 P.S. §67.1101(c).

Submission of this form only files an accommodation request with DEP. For accommodation requests for other local, state, or federal agencies you need to contact them directly.

You will be sent notice that the accommodation request has been received by DEP. Incomplete submissions may be returned and not processed. Please keep a copy of this completed form for your records.

Your Name (Printed) _____

Your Signature _____

Date _____



Assistance Confirmation

Complete this section only if you received assistance to fill out the form

I relied on assistance to complete this form. I have made, or have received assistance, in making my mark in lieu of my signature.

Mark of Requester _____

Name of Witness _____

Address of Witness _____

Signature of Witness _____

Date _____

Please contact DEP with any questions about this form by email at RA-EPNonDiscrim@pa.gov or by phone at (717) 787-0880.