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](mailto:RAEPNonDiscrim@pa.gov)

Rachel [Carson State](mailto:depbeo@pa.gov) Office Building

400 Market Street, 16th Floor

Harrisburg, PA 17105

# Your Information

**Name:**      

**Address:**      

**City:**       **State:**       **Zip Code:**      

**Phone:**       (Including Area Code)

**Email:**      

# Type of Request

Written Materials  Meeting or Event

## What is the nature of your disability?

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|  |

# Written Materials (Online or Printed)

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| --- |
| **Title of publication or DEP webpage address:** |

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

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|  |

## 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

## If yes, what type?

Transcripts  Video Displays  Captioning

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](mailto:RAEPNonDiscrim@pa.gov) or   
by phone at (717) 787‑0880.