



REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL / INFORMAL COMPLAINT

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

Name of Requestor:	
Date of Request:	
Mailing Address:	
City, State, Zip:	
Best Contact Phone Number:	
Email Address:	
If someone is assisting in completing form, provide: Name of Person:	
Phone Number:	
Email or Other Contact Info:	
Check applicable request type:	<input type="checkbox"/> Accommodation <input type="checkbox"/> Barrier Removal <input type="checkbox"/> Informal Complaint
Location of barrier or needed accommodation:	
Brief statement of why BCAG/B-Line action is needed:	
Date action is required, if any:	
Requestor Signature:	
Date of Form Completion/Submission:	

Please type or print legibly and return the completed form to the BCAG/B-Line ADA Coordinator via mail, email, fax or in person to:

Amy White, ADA Coordinator
 Butte County Association of Governments (BCAG) / Butte Regional Transit (B-Line)
 326 Huss Drive, Suite 150, Chico, CA 95928
 (530) 809-4616 / FAX (530) 879-2444 / Email: awhite@bcag.org

If assistance in the filing of any complaint or form is needed, contact the ADA Coordinator.