



The City Of Zillah

THE HEART OF WINE COUNTRY

City of Zillah, Washington
Auxiliary Aids and Services Request Form (Alternative Formats)
Please fax request form to (509) 829-5475
(Incomplete forms cannot be processed)

Today's Date:
Requester's Name:
Requester's Address:
Requester's Voice#:
Requester's TTY#:
Requester's FAX#:
Date Requiring Alternative Auxiliary Aids and Services :
Format Documents:
Document(s) being Requested in Alternative Format:
Type of Request: (For interpreter services)



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(Please select the alternative format requested)

- Braille**
- Large Print**
- Audio Tape/CD**
- Electronic Document in MS Word**
(For use with screen readers)
- OTHER: (please explain)**

Municipal Court of Washington City of Zillah

Requestor: _____

Date of Request: _____

Requested Accommodation:

Dates of Requested Accommodation: _____

**Sealed Medical and Health
Information Cover Sheet
under GR 33(b)(5)**

**Clerk's Action Required:
Information Shall be Sealed
Automatically under GR
33(b)(5)**

(File in the administrative file.)

Sealed Medical and Health Information

Attached are documents that contain information about the physical or mental health condition of a person requesting an accommodation under GR 33.

Submitted by:

Signature

Print Name