



The City Of Zillah

THE HEART OF WINE COUNTRY

Request for Modification of Program Form

Please fax request form to (509) 829-5475

(Incomplete forms cannot be processed)

1. **Today's Date:** _____
2. **Requester's Name:** _____
3. **Requester's Address:** _____
4. **Requester's Voice#:** _____
5. **Requester's TTY#:** _____
6. **Requester's FAX#:** _____
7. **Date requiring Modification of Program:** _____
8. **Program Start Time:** _____
9. **Program End Time:** _____
(For interpreter services)
10. **Program Location/Address of Event, Program or Services:** _____

11. **Type of Request:**
 - a) **Request to relocate City program or activity from inaccessible location, for example, building, room, athletic field, stadium, et al, to accessible location.**
 - b) **Requested accessible location for program : (please list name and address)**
 - c) **Modification of Program (please explain):**
 - d) **OTHER: (please explain):**