



WASHINGTON DEPARTMENT OF FISH AND WILDLIFE
WDFW ADA DECISION APPEAL FORM

Mail to: WDFW, Human Resources Director, PO Box 43139, Olympia, WA 98504
 (360) 902-2349 or TDD (360) 902-2207

Please Print Clearly **APPLICANT INFORMATION REQUIRED**

LAST NAME				FIRST NAME			MIDDLE	SUFFIX JR / SR
MAILING ADDRESS				PHYSICAL ADDRESS				
CITY		STATE	ZIP	CITY		STATE	ZIP	
SEX M / F	HEIGHT FT. IN.		WEIGHT	DOB	EYE COLOR	HAIR COLOR		
WILD ID			EMAIL			PHONE		

I hereby certify under penalty of perjury under the laws of the State of Washington the information provided on this form is true and correct. RCW 77.15.650(1)(a) Penalty Providing False Information

Applicant's Signature _____ *Date* _____

Request for Accommodation Appeal Statement

Washington Department of Fish and Wildlife (WDFW) makes every effort to provide reasonable accommodations to persons with disabilities in their hunting, fishing and wildlife viewing activities. If you disagree with an ADA decision, you have the right to appeal. Please submit this form directly to: Human Resources Director, PO Box 43139, Olympia, WA 98504. This agency shall make every effort to respond to your appeal within 45 days of receipt.

Please state the basis of your appeal: (please print clearly)

ADA Decision Appeal Form

Accommodation Requested: (Please print clearly)

WDFW USE ONLY BELOW

APPROVED **NOT APPROVED**

Processed by: _____

Date: _____ 45 day completion date: _____

Notes: _____

Date Received