



RICHMOND INTERNATIONAL AIRPORT®

REQUEST FOR REASONABLE ACCOMMODATION FORM

If you believe that you require a reasonable accommodation to access a program, service, or activity of the Capital Region Airport Commission (the "Commission") due to a disability, please complete and submit this form to the Commission's ADA Coordinator. If you have any questions, require assistance, or need alternative means to submit a request due to a disability, please contact:

Russell L. Peaden, C.M.
Director Real Estate & Facilities and ADA Coordinator
Capital Region Airport Commission
1 Richard E. Byrd Terminal Drive, Suite C
Richmond International Airport, VA 23250
Tel: (804) 226-8520
Fax: (804) 625-2610
TTY: (804) 226-1437
Email: RPeaden@flyrichmond.com

SECTION 1

Person Requesting Accommodation:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone (day): _____ (evening): _____

Email: _____

Preferred Method of Contact: _____

Person Completing Form (If other than the concerned):

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone (day): _____ (evening): _____

Email: _____

Preferred Method of Contact: _____

AFFIRMATION

I affirm that the above information is true and accurate to the best of my knowledge, information, and belief.

SIGNATURE: _____ DATE: _____

Sign and submit the completed REQUEST FOR REASONABLE ACCOMMODATION form by mail to Russell L. Peadar, C.M., Director Real Estate & Facilities and ADA Coordinator, Capital Region Airport Commission, 1 Richard E. Byrd Terminal Drive, Suite C, Richmond International Airport, VA 23250 or by fax to (804) 625-2610.

NOTE: Please be advised that the Commission is obligated to comply with the Virginia Freedom of Information Act. Furnishing of the requested information is voluntary, except that the failure to provide such information may result in the Commission being unable to process your complaint.