



City of Sisters Customer Service Request for Barrier Removal

Please type or print legibly.

Date of Request: _____

Name of person making request: _____

Address: _____ City _____ State _____ Zip _____

Telephone number: _____ E-mail address: _____

If person needing accommodation is not the individual completing this form, please enter:

Name: _____ Telephone number: _____

Other contact information: _____

Location Information (Please tell us the specific location of the problem/request.):

Street Name and Address (if available): _____

Cross Street: _____

Comments: (Describe your request/concern) _____

Signature _____ Date: _____

Please return completed form to the City of Sisters
Attn: Pauline Hardie, Community Development Director
phardie@ci.sisters.or.us, 541-323-5208, (fax) 541-549-0561
City Staff will be in contact with you soon.