



# 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: Patrick Davenport, Community Development Director  
[pdavenport@ci.sisters.or.us](mailto:pdavenport@ci.sisters.or.us), 541-323-5219  
City Staff will be in contact with you soon.