



ARCHITECTURAL BARRIER REMOVAL REQUEST FORM

Today's Date: _____

Name: _____

Address: _____

City and Zip Code: _____

DIRECT REQUEST TO:

Mike Hogan
Facility Services
Building 70
(805) 756-7227 (Voice)
(805) 756-6114 (Fax)
mhogan@calpoly.edu

Phone: _____

E-mail: _____

Please check if you wish to be contacted regarding this barrier removal

BARRIER INFORMATION (REQUIRED)

Description of Barrier:

Location of Barrier:

Suggestions for Removal of the Barrier (optional):

