DATE:		# of Pages Being Submitted	
TO:	(Including this sheet) Disability and Communication Access Board (Fax number: 586-8129 / E-mail: dcab@doh.hawaii.gov)		
FRC	DM:	FIRM:	
PHC	DNE:	FAX:	
SUE	3J: REQUEST FOR TECHNICAL ASSISTAN	ICE ON FACILITY ACCESS/DESIGN	
give Com in al	n in writing. The technical information does nmunication Access Board of your rights or i	rice. It is merely informal guidance that will not be not constitute a determination by the Disability and responsibilities and is not binding on this agency. Fill onse. A response can usually be provided within 2-3	
•	Project Ownership: State/County Project Funding: State/County Project Type: New constructi Other: Historic Per Legal Settle	Federal Private	
•	Type of building, facility, or site?(e.g., office, restaurant, library, church, classroom, auditorium, playground, park, apartment bldg., etc.)		
•	DCAB Project Number and Project Name, if applicable:		
•	This question relates to design criteria under the: _ 2004 Americans with Disabilities Act Accessibility Guidelines (2004 ADAAG) issued by the U.S.		
	Access Board		
	1991 Americans with Disabilities Act Accessibility Guidelines (1991 ADAAG) issued by the U.S. Access Board		
	Hawaii Outdoor Developed Areas Accessibility Guidelines		
Fair Housing Amendments Act Accessibility Guidelines issued by the U.S. Department of Housing and Urban Development Others			
•	Please cite the appropriate section(s) of the design guidelines or standards on which you are requesting information. Attach any sketches/drawings which may clarify the question. Section:		
	Question:		