	RI Governor's Commission on Disabilities
	RI GCD Form B. Waiver of Accessibility of Leased or Rented Facilities

Department/Agency						
Current Address						
City, State & Zip Code						
Agency's Contact Person				Title		
Phone Numbers	Voice:		Fax:		TTY:	
Email address						

Proposed Site Location						
Proposed Site Address						
City, State & Zip Code						
Lessor						
Lessor's Contact Person				Title		
Lessor Address						
City, State & Zip Code						
☑check lease is:	Renewal ☐	New ☐	Term of lease: from		to:	

Department/Agency(s) that will occupy the site:	Division(s)

Describe in detail the programs to be provided at the site, attach additional sheets if necessary	

#	Alternative sites considered	Reasons for rejection
1		
2		
3		
4		
5		

#	Description of accessibility barriers for which waiver is requested	Reason for waiver request
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Attach the State Building Commission's Accessibility for People with Disabilities: Leased Building Inspection Report

Agency's plan in detail for providing program and employment accessibility attach additional sheets if necessary	

Requesting Official's Name and Title:			
Date Signed		Signature	

Emailed this form to disabilities@gcd.ri.gov if signed with an electronic signature or mail to the:

RI Governor's Commission on Disabilities
John O. Pastore Center, 41 Cherry Dale Court
Cranston, RI 02920-3049

Print Form