

# ADA Remediation Requisition

APPROVAL DATE:

JOB NUMBER:

**This form is ONLY to be used to request ADA Remediation Services**

## REQUESTOR:

- ① Type in all information.
- ② If you need assistance, call the Graphics Office main line at 538-5484.
- ③ Once completed, email this form and any necessary files to Graphics.Office@courts.hawaii.gov

The Judiciary • State of Hawai'i  
ITSD  
Documents Management Div.  
Graphics Office  
1111 Alakea Street, 1st Floor  
Honolulu, Hawai'i 96813

COURT / SECTION:

DATE ORDERED:

FORM / JOB NAME:

FORM NUMBER:

CONTACT PERSON:

TELEPHONE:

DETAILED DESCRIPTION OF JOB:

LOCATION OF **WEB** UPLOAD

- Requestor Approved
- Saved to Share Drive
- Revision Date \_\_\_\_\_
- PDF Secured
- Website File Saved
- Upload to Web
- Update Revision Date
- Notified Requestor
- Date Uploaded \_\_\_\_\_
- Uploaded by \_\_\_\_\_
- Update Work Queue Log
- Update FORMS Access Log

NOTES:

INSTRUCTIONS

REQUESTOR

GRAPHICS CHECKLIST