City of Santa Rosa

Title II of the American with Disabilities Act Section 504 of the Rehabilitation Act of 1973

REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL

Please type or print legibly.

Name of person making request: ____________________________ Date of 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: __________________________________________________________

Check one: □ Accommodation □ Barrier Removal

Accommodation needed or location of barrier: _____________________________________________

________________________________________________________________________________

Brief statement of why the accommodation is needed or the barrier removed: ________________

________________________________________________________________________________

________________________________________________________________________________

Date accommodation is needed: _____________________________________________________

Signature: ____________________________________________ Date: ________________________

Please give the completed form to the department where accommodation is needed or send to:

Dominique Blanquie
ADA Coordinator
City of Santa Rosa
100 Santa Rosa Avenue, Room 1
Santa Rosa, CA 95404
(707) 543-4656 / FAX (707) 543-3035 / ada@srcity.org

For more information or assistance in completing the form, please contact Risk Management at (707) 543-3024.