

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.