



Title II of the Americans with Disabilities Act

Request for Accommodation Form

<i>Instructions: Please fill out this form completely, using black ink or typing. Sign and submit form to the address at the bottom of the page. This form is available in alternate formats by request.</i>		
Name:		
Address		
City, State, ZIP Code:		
Telephone Number(s) Home: ()	Work: ()	Cell: ()
Email Address:		
Name of City Service, Program or Facility		
Location / Address:		
Date of Observation:		
Describe the Request for Accommodation in detail. Feel free to attach photos and/or other supporting documentation as necessary.		
Signature of Reporting Individual:		Date:
<i>(Do not write below this line - for office use only)</i>		
Reviewed by / Date:		Notification Date:
Proposed Accommodation(s) / Action Taken:		

Please submit this form to:

City Engineer / ADA Coordinator, City of National City, 1243 National City Boulevard, National City, CA 91950