



Request for Accommodation Form – Street Resurfacing

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| <i>Instructions: Please fill out this form completely, using black or blue ink or by typing. Sign and send 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 | | |
| Address: | | |
| Date of Incident or Discovery: | | |
| Describe the reason for requiring the requested accommodations (Please feel free to attached additional pages as necessary.): | | |
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| | | |
| Signature of Reporting Individual: | | Date: |
| <i>(Do not write below this line - for office Use only)</i> | | |
| Date of Review: | | Date of Action: |
| Action Taken: | | Submit to Committee for next CIP project yes <input type="checkbox"/> no <input type="checkbox"/> |
| | | |
| | | |

Please mail or deliver this form to:

City Engineer, City of National City 1243 National City Blvd, National City, CA 91950