



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

Request for Accommodation Form

<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.):		
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 ADA Committee for next CIP project yes <input type="checkbox"/> no <input type="checkbox"/>

Please mail or deliver this form to:

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