



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: _____
Address: _____
City, State, and Zip: _____
Home Phone: _____ Cell Phone: _____
Email: _____

If person needing accommodation is not the individual completing this form, please enter:

Name: _____
Home Phone: _____ Cell Phone: _____

ACCOMMODATION or BARRIER REMOVAL (please circle one)

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:

City of Fairfield
FAST
Attn: April Cobb, ADA Coordinator
2000 Cadenasso Drive
Fairfield, CA 94533
Phone: (707) 434-3800 FAX: (707) 426-3298