

**FAIRFIELD AND SUISUN TRANSIT (FAST)**

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  
Fairfield and Suisun Transit  
Attn: April Cobb, ADA Coordinator  
2000 Cadenasso Drive  
Fairfield, CA 94533  
Phone: (707) 434-3800 FAX: (707) 426-3298