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

Request for Accommodation Form

Instructions: Please fill out this form completely, using black ink or typing. Sign and send it to the address at the bottom of the page. This form is available in alternate formats by request.

Reporting Individual:			
Name and Address:			
City, State, ZIP Code:			
Telephone Number(s):	Home:	Business:	
Service, Program or Facility Requiring Accommodation:			
Name of Service/Program or Facility:			
Address:			
City, State, ZIP Code:			
Telephone Number:			
Date of Incident or Discovery:			
Describe the reason for requiring the requested accommodation (please feel free to use additional attachments as necessary):			
Action Taken *(for Office Use)*:		**Date of Action:**	
Signature of Reporting Individual:		**Date:**	

Please mail to: **ADA Coordinator, City of Clayton, 6000 Heritage Trail, Clayton, CA 94517**

For Office Use: File No. _____ Date Received: _____ Received By: _____