



CITY OF EMERYVILLE

INCORPORATED 1896

AMERICANS WITH DISABILITIES ACT (ADA) COORDINATOR
1333 PARK AVENUE
EMERYVILLE, CALIFORNIA 94608-3517

TEL: (510) 450-7801 FAX: (510) 450-7831
SMLAY@EMERYVILLE.ORG

Title II of the Americans with Disabilities Act & Section 504 of the Rehabilitation Act of 1973 REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL

Check One: ☐ Accommodation ☐ Barrier Removal

Name of Complainant: _____

Last

MI

First

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ E-mail address: _____

Preferred Method(s) of Communication: (Check all that apply) ☐ Voice Telephone,
☐ TTY, ☐ CRS, ☐ E-mail, ☐ US MAIL & ☐ Other: _____

Accommodation needed or location of barrier: _____

Brief statement of why the accommodation is needed or the barrier removed: _____

NOTE: Barrier Removal requests are conducted and prioritized by the City with regard to Budget and scheduled projects.

Date(s) Accommodation(s) is/are needed: _____

CERTIFICATION

I certify that I have a disability or medical condition that requires reasonable accommodation, which will be met by acquiring the equipment, services, or work adjustments described above.

Signature: _____ Date: _____

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

Representative's Name: _____

Address: _____ Telephone Number: _____

For more information or assistance in completing the form, please contact the ADA Coordinator via (direct line) 510.450.7801, (fax) 510.450.7831, (TTY Relay) 711, or smlay@emeryville.org