

**Town of Colma**

**ADA REASONABLE ACCOMMODATION REQUEST**

NAME: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

1. Describe the Town service or program and location in connection with which access through a reasonable accommodation is being requested:

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2. Describe the basis for the determination of disability (if any):

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3. Describe how the disability affects a major life function:

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4. Describe the reasonable accommodations that are necessary:

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5. Additional Comments:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Town reserves the right to seek reasonable documentation from an applicant regarding his/her disability and functional limitations when the disability and/or the need for accommodation is not obvious. Contact ADA Coordinator at 650-997-8300 or [reshun@colma.ca.gov](mailto:reshun@colma.ca.gov) if you have any questions.