

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:

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

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

4. Describe the reasonable accommodations that are necessary:

5. Additional Comments:

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 pak.lin@colma.ca.gov if you have any questions.