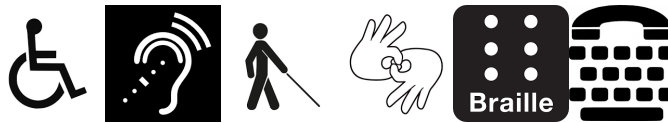




City of Petaluma

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



REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL

Name of person making request: _____ Date of Request: _____

Address: _____ City, State and Zip: _____

Phone Number: _____ Email Address: _____

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

Name: _____ Telephone Number: _____

Other Contact Information: _____

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

Name: _____ Phone Number: _____

Check One: Accommodation Barrier Removal

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 send the completed form to the department where accommodation is needed or send to:

Kent Carothers, P.E., City Engineer
ADA Coordinator
City of Petaluma
(707) 778-4303
publicworks@cityofpetaluma.org