



**CITY OF SAN RAFAEL
ADA TITLE II
REASONABLE ACCOMMODATION REQUEST FORM**

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Section 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to the ADA Coordinator of the City of San Rafael.

Applicant: _____
(Name of individual requesting an accommodation)

Address: _____
(USPS mailing address of applicant)

Phone: _____
(Phone number of applicant)

Email: _____
(Email address of applicant)

Please provide a mailing address and/or email for written communications associated with your request. Allow at least 2 additional business days for USPS mailing.

REQUEST FOR REASONABLE ACCOMMODATION(S)

I am requesting accommodation(s) that will allow me to participate in the following City offered program, activity, or service (e.g., participating in a City event or meeting, access to an informational pamphlet, access to a City building, etc.):

Describe your specific functional limitation(s) (e.g. low vision, restricted hand movement, etc.):

Describe the type of accommodation(s) being requested:

Describe how these accommodation(s) will assist you:

APPLICANT CERTIFICATION

I certify that I have a disability or medical condition that requires the reasonable accommodation(s) requested.

Signature: _____ **Date:** _____
(Applicant or representative of applicant if unable to sign)