



Date Report Filed
(office use only)

City of Davis
Title II of the Americans with Disabilities Act

Request for Accommodation or Barrier Removal

This material can be made available upon request in an alternative format as required by the Americans with Disabilities Act of 1990. Direct your request to Human Resources, ADA Coordinator, (530) 757-5644 (voice); (530) 757-5666 (TDD) or h@cityofdavis.org for further assistance.

Name of Person Filling Out Form

Individual Needing Accommodation

Name: _____
 Address: _____
 City: _____, Zip _____
 Phone: _____
 Email: _____
 Check if city staff.

Name: _____
 Address: _____
 City: _____, Zip _____
 Phone: _____
 Email: _____
 Check here if individual is a minor.

Date(s) the Accommodation is Needed: _____

Accommodation or Barrier Removal Request (please attach additional comments and/or relevant documents):

For Office Use Only

Department: _____ Email: _____ Phone: _____

Request Granted: Yes No Date: _____ By: _____

Description of Accommodation or Reason for Denial (attach backup or additional documentation as needed):

Requesting Individual Notified: Date: _____ Staff: _____

Via: Phone Email Letter In Person