

REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL FORM

Check one:	□ Accommodation		ם	□ Barrier Removal			
Name of Requestor:	Last			MI	First		
Address:Street Address				City	State	Zip	
	ber:						
Preferred Method(s)	of Communication	on: (Check all	that apply)				
☐ Phone	☐ TRS/711	☐ CRS	☐ E-mail	☐ US Mail	Other:		
Accommodation need	ded or location o	f barrier:					
Brief statement of wh	by the accommod	lation is neede	ed or the barrier	removed:			
CERTIFICATION: the equipment, serv					ch will be me	t by acquiring	
ignature:				Date:			
If person needing acc	commodation is r	not the individ	lual completing	this form, please p	orovide:		
Representative's Nar							
Add Phone Num	ress:						

For more information or assistance in completing the form, contact the ADA Coordinator:

Phone: (925) 516-6000 Email: Operations@brentwoodca.gov Mail completed form to: ADA Coordinator 150 City Park Way, Brentwood, CA 94513