



V. EVIDENCE AND DOCUMENTATION. List and provide any physical evidence, written or recorded documents, or any other information that directly supports your specific claim of discrimination.

VI. CASE REMEDY AND/OR RESOLUTION. What remedies or resolutions are you seeking?

CERTIFICATION: I certify that the information and statements provided above are true.

Signature: _____ Date: _____

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

Representative's Name: _____

Address: _____

Phone Number: _____

For more information or questions regarding this form, contact the ADA Coordinator at:

(925) 516-6000, Operations@brentwoodca.gov

Or dial 711 to be automatically connected to a TRS operator

Mail completed form to ADA Coordinator: 150 City Park Way, Brentwood, CA 94513