



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

**REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL**

*Please type or print legibly.*

Name of person making request: \_\_\_\_\_ Date of request: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

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: \_\_\_\_\_

Barrier removal requests will be evaluated and prioritized by the ADA Advisory Committee and ranked by City staff with regard to the Committee recommendation, budget, and scheduled projects.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
*This section to be completed only if person needing accommodation is not the individual completing this form.*

Person(s) affected by the situation (if other than reporting individual): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_  
.....

Give the completed form to the department where accommodation is needed or send to:  
Samantha Brown  
ADA Program Coordinator  
City of Vacaville  
1001 Allison Drive  
Vacaville, CA 95687

For more information or assistance completing the form, please contact:  
Samantha Brown  
ADA Program Coordinator  
(707) 469-6509  
(707) 469-6537 (TTY)  
samantha.brown@cityofvacaville.com