



# AMERICANS WITH DISABILITIES ACT / SECTION 504 REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL

Date of request: \_\_\_\_\_

Name of person submitting the request: \_\_\_\_\_

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

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

Request Type:                     Accommodation     Barrier Removal

Accommodation needed or location of barrier:

\_\_\_\_\_  
\_\_\_\_\_

Brief statement of why the accommodation or barrier removal is needed:

\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

**Submit this form to:**

**Samantha Brown, ADA Coordinator**  
1001 Allison Drive  
Vacaville, CA 95687  
(707) 469-6509 TTY: (707) 449-5162  
[ada@cityofvacaville.com](mailto:ada@cityofvacaville.com)