



REQUESTING AN ADA ACCOMMODATION

The request for accommodation should be made in writing and include the name, address and telephone number of the individual requesting the accommodation. The request should contain the location of the program, service, activity or facility where the accommodation is required and a description of why the accommodation is needed. Alternative means of filing a request will be made available if needed.

The request should be submitted to the ADA Compliance Officer:

Martin Nelis, ADA Compliance Officer
100 Gregory Lane
Pleasant Hill, CA 94523
Phone (925) 671-5229
Fax (925) 680-0294
mnelis@ci.pleasant-hill.ca.us

Within 15 calendar days of the written request, the ADA Compliance Officer will respond to the individual requesting the accommodation. If the response by the ADA Compliance Officer does not satisfactorily resolve the issue, the individual making the request may file a formal grievance with the responsible department(s).

All written requests for accommodation received by the ADA Compliance Officer will be kept by the City of Pleasant Hill for at least three (3) years.



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

Request for Accommodation

Instructions: Please fill out this Request for Accommodation form completely, using black ink or typing. Sign it and send it to the address at the bottom of the last page. This form is available in alternate formats by request.

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____

Phone – Home: _____ Phone – Business: _____

Program That Requires Accommodation: _____

Address: _____

Describe how the program is not accessible, and explain how an accommodation is needed to make the program accessible (use the space on next page if necessary).

Additional Space for Answers: _____

Signature: _____

Date: _____

Send to:

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