



City of Richmond

Title II of the American 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 \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_ If person needing accommodation is

not the individual completing this form, please enter: Name: \_\_\_\_\_  
\_\_\_\_\_ Telephone Number: \_\_\_\_\_

Other Contact Information: \_\_\_\_\_

\_\_\_\_\_ 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: \_\_\_\_\_

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

Please give the completed form to the department where accommodation is needed or send to:

Bruce A. Soublet, Assistant City Attorney/ADA Coordinator  
City of Richmond  
450 Civic Center Plaza, 3<sup>rd</sup> Floor  
Richmond, CA 94804  
(510) 620-6509 / FAX (510) 620-6518  
[ada@ci.richmond.ca.us](mailto:ada@ci.richmond.ca.us)

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