

## ATTACHMENT 2

### REQUEST FOR ACCOMMODATION FORM

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

#### Request for Accommodation Form

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

<b>Reporting Individual:</b>			
Name and Address:			
City, State, ZIP Code:			
Telephone Number(s):		Home:	Business:
<b>Service, Program or Facility Requiring Accommodation:</b>			
Name of Service/Program or Facility:			
Address:			
City, State, ZIP Code:			
Telephone Number:			
Date of Incident or Discovery:			
Describe the reason for requiring the requested accommodation (please feel free to use additional attachments as necessary):			
Action Taken (for Office Use):			Date of Action:
Signature of Reporting Individual:		Date:	

**Please mail to: ADA Coordinator, City of Colton, 160 S. 10<sup>th</sup> Street, Colton, CA 92324**

For Office Use: File No. \_\_\_\_\_ Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_