



REQUEST FOR ACCOMMODATION FORM

Please use this form to request accommodations at facilities, events, services or programs provided by the City of Oakley. Fill out the form as completely as possible using ink or by typing and send at least 15 days in advance of the event for which the accommodation is requested.

Individual Requesting Accommodation:

Name:

Address, City, State and Zip Code:

Telephone: Home:

Business:

Cell:

Signature:

Date:

Facility, Service or Program Requiring Accommodation:

Name of Facility, Service or Program:

Address of Facility, Service or Program:

Date and Time of requested accommodation:

The reason and type of accommodation requested—attach additional sheets if necessary:

For Office Use Only

Describe Action Taken:

Date of Action:

Received by: _____

Date: _____

Please mail to: ADA Coordinator, City of Oakley, 3231 Main St., Oakley, CA 94561