

CITY OF POMONA

PATH OF TRAVEL REASONABLE ACCOMMODATION REQUEST FORM

This form is an initial step in processing your request for an accommodation under <u>Title II of the Americans with Disabilities Act</u> (ADA). An accommodation is a reasonable modification or adjustment that enables a qualified person with a disability to enjoy the same access to employment, facilities, services, activities and programs that are enjoyed by persons without disabilities. Such request allows the City to become aware of an individual requesting an accommodation. Accommodating such requests by the City is done based on the nature of budgetary constraints and the requests being asked for.

Accepting such request by the City shall not imply that the City will be able to install or modify the path of travel at any time in the future. This request form is intended to create a means of communicating directly with the ADA Coordinator in order for the City to evaluate and prioritize ADA Path of Travel needs in our community.

INSTRUCTIONS: Please be as specific as possible with the information provided below. Completed forms may be sent to Linda Matthews, ADA Coordinator/Human Resources/Risk Management Director at <u>linda_matthews@ci.pomona.ca.us</u>, faxed to (909) 620-2295, or delivered in-person at the Human Resources Office, City Hall, Second Floor, 505 S. Garey Avenue, Attn: Linda Matthews, ADA Coordinator/Human Resources/Risk Management Director or, Chris Millard, Risk Manager.

DATE:		
NAME: Last	First	Middle
ADDRESS:		
DAYTIME TELEPHONE NUMB		
EMAIL ADDRESS:		
PREFERRED METHOD OF CON	VTACT:	
REPORTING ON BEHALF OF SELF OR OTHER PERSON: SELF OTHER		
REQUEST FOR INSTALLATION OR REPAIR OF SIDEWALK: YES NO		
REQUEST FOR INSTALLATION	NOR REPAIR OF CURB R	AMP: YES NO

DESCRIPTION OF PATH OF TRAVEL BARRIER/S:

PLEASE DESCRIBE THE REASONABLE ACCOMMODATION YOU ARE REQUESTING AND BASIS FOR REQUEST:

QUESTIONS: Please contact City of Pomona ADA Coordinator at 1-909-620-2291.