



# City of Galt

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:

Paula Islas, ADA Coordinator  
City of Galt  
300 Civic Drive, Galt, CA 95632  
209-366-7112  
[ADACoordinator@ci.galt.ca.us](mailto:ADACoordinator@ci.galt.ca.us)

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