



City of Escondido
201 North Broadway
Escondido, CA 92025

**Request for Accommodation
Under the Americans with Disabilities Act
and the California Fair Employment and Housing Act**

Date: _____

Person submitting the request: _____ Phone: _____

Person the request is for: _____ Phone: _____

Address: _____

Qualified individuals with disabilities who wish to participate in City programs, services, or activities and who need accommodation are invited to present their requests for accommodation to the City by filling out this Request for Accommodation Form or by calling (760) 839-4643, preferably at least 72 hours in advance of the event or activity.

Event for which accommodation is requested:

Community Services

Board/Commission

Name of Activity/Class

Date of Meeting

Activity/Class #

Time

Start Date of Activity/Class

Name of Board/Commission

Recruitment

Current Job Position

Position Title

Position Title

Assistance with: (check all that apply)

Application Testing Process

Performing Essential Duties

Department

Activity or Event:

Please describe your request for reasonable accommodation and possible solutions. (If you need more room, please feel free to attach additional pages):

Name of person filling out request: _____

Signature of person filling out request: _____

FOR OFFICIAL USE ONLY

Action taken to address requested accommodation:

Feedback to requesting party (date and details):

Please send the completed original of this form to Risk Management.