



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: \_\_\_\_\_

