



REASONABLE ACCOMMODATION APPLICATION

APPLICANT NAME:	
APPLICANT ADDRESS / CITY / STATE / ZIP:	
APPLICANT TELEPHONE NUMBER:	APPLICANT EMAIL:
PROPERTY ADDRESS / CITY / STATE / ZIP:	
PARCEL NUMBER.:	
EXISTING PROPERTY USE:	
PLEASE IDENTIFY THE SPECIFIC DISABILITY-RELATED REQUIREMENTS NECESSITATING REASONABLE ACCOMMODATION:	
DESCRIBE THE IMPROVEMENTS NECESSITATING REASONABLE ACCOMMODATION:	
Credible documentation shall be provided with respect to each element described above so that the City can fully evaluate the application and verify the factual basis underlying the need for the accommodation. The documentation shall be provided in a manner to permit the City to independently make this assessment. (Ord. No. 2007-10, added, 6/26/07)	

Applicant Signature:

I certify (or declare) under penalty of perjury under the laws of the State of California that the disabled person named above permanently resides at the property address and that the construction is to make the residence more accessible to the disabled person.

Required Signature: _____ Printed Name: _____ Date: _____