



City of Lake Elsinore

REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL



Title II of the American with Disabilities Act
Section 504 of the Rehabilitation Act of 1973

Please type or print legibly.

Name of person making this 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 your:

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: _____

If a date is not indicated, response will be provided in two weeks.

Signature: _____ Date: _____

Please give the completed form to the department where accommodation is needed or send to:

ADA Coordinator Bill Belvin
City of Lake Elsinore- City Hall
130 South Main Street, Lake Elsinore, CA 92530
(951) 674-3124 X 286 Office (951) 471-1419 Fax
Bbelvin@lake-elsinore.org

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