

# CITY OF CITRUS HEIGHTS

## PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L.93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principle purpose of the voluntary information is to facilitate the processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your ADA Coordinator.

## REASONABLE ACCOMMODATION REQUEST FORM

TO: \_\_\_\_\_ (if you don't know, send it to the City Clerk)  
(Department Head)

FROM: \_\_\_\_\_  
(Name of person requesting accommodation)

ADDRESS: \_\_\_\_\_  
(Street) (Apt. #) (City) (State) (Zip)

TELEPHONE: (\_\_\_\_) \_\_\_\_\_

## REQUEST FOR REASONABLE ACCOMMODATION

1. I am requesting accommodation because (see below and circle):    A       B       C

A. I am requesting accommodation that will allow me to access a public site or participate in a City offered program, activity or service. Activity name \_\_\_\_\_.

B. I am applying for employment. The accommodation requested will allow me to participate in the examination for (position title): \_\_\_\_\_.

C. I am currently employed by the City and request a reasonable accommodation. My current job title is: \_\_\_\_\_.

2. My specific functional limitation is: \_\_\_\_\_.  
*The accommodation I am requesting is described below. (Describe the type of accommodation; if it is a purchasable item list model, number cost, where it can be obtained, etc., suggestions for work site or examination site modifications or specific job duties which may be restructured or shared to facilitate employment, participate in the examination or utilize a City program, activity, or service.* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe how this accommodation will assist you. Please attach additional sheets as necessary. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CERTIFICATION

I certify that I have a disability or medical condition that requires reasonable accommodation, which will be met by acquiring the equipment, services, or work adjustments described above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_