



City of Vacaville Americans with Disabilities Act REASONABLE ACCOMMODATION PROCEDURE

In its effort to ensure that communications with participants and members of the public with disabilities are as effective as communications with others, the City of Vacaville will provide appropriate auxiliary aids and services whenever necessary for those individuals who have hearing, sight, or speech impairments, unless to do so results in a fundamental alteration of its programs or an undue administrative or financial burden. The City will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy. In determining what type of auxiliary aid or service is necessary, the City will give primary consideration to requests of individuals with disabilities.

A person who requires an accommodation, an auxiliary aid or service to participate in a City program, service, or activity, or who requests a modification of policies or procedures should contact the sponsoring Department or the ADA Coordinator as far in advance as possible but no later than forty-eight (48) hours (two business days) before the scheduled event. The best effort to fulfill the request will be made.

An individual requesting the removal of a physical barrier in order to gain or improve access should contact the ADA Coordinator.

The request for accommodation or to remove a physical barrier should be made in writing on the Request for Accommodation or Barrier Removal Form and include the name, address, and telephone number of the individual requesting the accommodation. The request should contain the location of the program, service, activity, or facility where the accommodation is required and the type of accommodation needed or the location of the barrier and why the removal is needed. Assistance completing the request form will be provided if requested. Responses will be provided in alternative formats if requested.

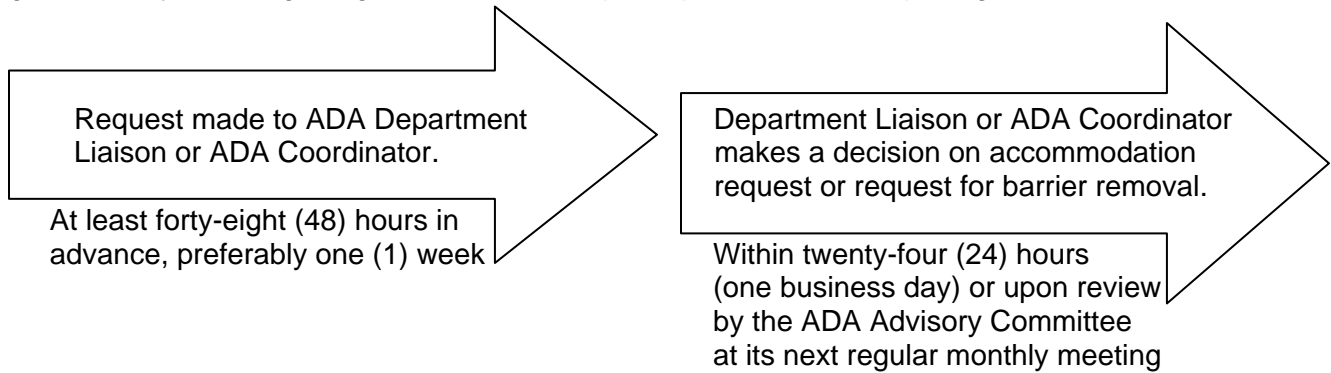
The request should be submitted to the department in which the accommodation is needed or to:

ADA Coordinator
650 Merchant Street
Vacaville, CA 95688
(707)449-5149 (fax)
ada@cityofvacaville.com

For more information or questions, contact:

ADA Coordinator
650 Merchant Street
Vacaville, CA 95688
(707)449-5409
(707)449-5149 (fax)
(707)449-5162 TTY
ada@cityofvacaville.com

The department or the ADA Coordinator will respond within twenty-four (24) hours (one business day) to the individual requesting an accommodation. With regard to a request for the removal of a barrier, the request will be reviewed at the next regular meeting of the ADA Advisory Committee, which will make a determination on the request based upon project priorities and budget allocations. If the request cannot be filled, a reason will be provided and a written record will be kept on file. If the requesting individual is dissatisfied with the response, the individual may file a grievance by following the grievance and complaint process and completing the Grievance Form.





City of Vacaville

Title II of the Americans with Disabilities Act
Section 504 of the Rehabilitation Act of 1973
REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL

Please type or print legibly.

Name of person making request: _____ Date of request: _____

Address: _____ City _____ State _____ Zip _____

Telephone number: _____ Email address: _____

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: _____

Barrier removal requests will be evaluated and prioritized by the ADA Advisory Committee and ranked by City staff with regard to the Committee recommendation, budget, and scheduled projects.

Signature: _____ Date: _____

This section is to be completed only if person needing accommodation is not the individual completing this form.

Person(s) affected by the situation (if other than reporting individual): _____

Address: _____ City _____ State _____ Zip _____

Telephone number: _____ Email address: _____

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

ADA Coordinator
650 Merchant Street
Vacaville, CA 95688

For more information or questions, contact:

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(707)449-5409
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