

A request for an accommodation should be submitted to the ADA Coordinator not less than three (3) business days before the hearing or event for which the accommodation is requested.

**AMERICANS WITH DISABILITIES ACT (ADA) TITLE II REQUEST FOR REASONABLE ACCOMMODATION FORM**

**Client Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Mobile: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

**Requestor Information (if different from above):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Mobile: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_  
Relationship \_\_\_\_\_  
To Client: \_\_\_\_\_ TTY: \_\_\_\_\_

**Accommodation:**

Nature of the disability for which an accommodation is requested: \_\_\_\_\_  
\_\_\_\_\_  
Type of accommodation(s) requested. Be specific: \_\_\_\_\_  
\_\_\_\_\_

If requesting a **sign language interpreter**, please specify: \_\_\_\_ American Sign Language interpreter (ASL), \_\_\_\_ Certified Deaf Interpreter (CDI), or \_\_\_\_ Communication Access Realtime Translation (CART).

**Event information:**

Date of event: \_\_\_\_\_ Time of event: \_\_\_\_\_ a.m. or p.m.  
Address of event: \_\_\_\_\_  
Type of event: \_\_\_\_\_

I certify to the best of my knowledge this information is true and correct.

\_\_\_\_\_  
Date Signature of Applicant

\_\_\_\_\_  
Printed Name

Return the completed form to: [ADA.Coordinator@sen.ca.gov](mailto:ADA.Coordinator@sen.ca.gov) or by mail to: Senate Rules Committee, 1020 N Street, Room 255, Sacramento, CA. 95814, Attention: ADA Coordinator. For more information or assistance completing the form, or to request an alternative means of filing a request, please contact the ADA Coordinator at (916) 651-1504.