REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL

Please type or print legibly.

Name of Person Making Request: ________________________________
Address: ____________________________________________________
City, State, and Zip: ___________________________________________
Home Phone: ___________________________ Cell Phone: __________
Email: _______________________________________________________

If person needing accommodation is not the individual completing this form, please enter:

Name: _______________________________________________________
Home Phone: ___________________________ Cell Phone: __________

ACCOMMODATION or BARRIER REMOVAL (please circle one)

Accommodation needed or location of barrier: ______________________

Brief statement of why the accommodation is needed or the barrier removed:
________________________________________________________________
________________________________________________________________
________________________________________________________________

Date accommodation is needed: _________________________________

Signature: ___________________________ Date: ___________________

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

City of Fairfield
Fairfield and Suisun Transit
Attn: Debbie Whitbeck, ADA Coordinator
2000 Cadenasso Drive, Fairfield, CA 94533
Phone: (707) 434-3800  FAX: (707) 426-3298
www.fasttransit.org transit@fairfield.ca.gov