

TITLE II of the Americans with Disabilities Act  
Section 504 of the Rehabilitation Act of 1973

## Department of Public Works, Transportation Division's Request for Accommodation Form

**Instructions:** Please fill out this form completely, using black ink or typing. Sign and send it to the address at the bottom of the page. This form is available in alternate formats by requests.

<b>Reporting Individual.</b>	
Name and Address:	
City, State, Zip code:	
Telephone:	Home: _____ Business: _____
<b>Service, Program or Facility Alleged to Be Inaccessible.</b>	
Name of Service/Program or Facility:	
Address:	
City, State, Zip code	
Telephone number:	
Date:	
<b>Describe the way in which the service, program or facility is not accessible. (Please use other attachment as necessary).</b>	
<b>Action Taken (for Office Use).</b>	
<b>Signature of Reporting Individual:</b>	

**Please mail to: Ariana Villegas, ADA Compliance Officer, County of Santa Barbara  
105 East Anapamu, Room 104, Santa Barbara, CA 93101**

For Office Use:  
File No. \_\_\_\_\_

Date Received \_\_\_\_\_ Received By: \_\_\_\_\_