**Check One:** [ ]  Accommodation (Initial Request) [ ]  Complaint/Grievance (Follow-up Request)

**Person Responsible for Request**

**Contact Person for Requesting Party**

**Street Address & Apt. No.:**

**City:**       **State:**       **Zip:**

**Phone:** (      )

**E-mail:**

**Please select preferred method of contact:** [ ]  US Mail [ ]  Telephone [ ]  E-mail [ ]  Other

[ ]  **Please do not contact me personally** (see *Contact Person for Requesting Party* information above)

**Please specify any location(s) related to the request:**

**Please provide a complete description of the specific request:**

*Please attached additional pages, photographs, sketches or other information as necessary*

**Signature:** **Date:**

**Name:**

**Upon request, reasonable accommodation will be provided to assist in completing this form or copies of the form will be provided in alternative formats.**

**Contact the ADA Coordinator at the address provided or via telephone 760-602-2470**

**RETURN THIS FORM TO:**

Ed Garbo

ADA Coordinator

1635 Faraday Ave

Carlsbad, CA 92008