

CITY OF SAUSALITO
Community Development Department
420 Litho Street
Sausalito, CA 94965
415.289.4128 / 415.339.2256 (FAX)

APPLICATION FOR REQUEST FOR REASONABLE ACCOMMODATION

NOTE: If you need help in completing this request form, you can contact the person at the counter where you received this form for assistance. Please attach any documents that support your request for reasonable accommodation and would assist us in considering your request.

1. Name of Applicant

Telephone Number

2. Applicant Address

3. Address of housing at which accommodation is requested

4. Name of Property Owner

Telephone Number

5. Property Owner Address

6. Existing use of property (e.g. single family residence, duplex, commercial office, etc.)

7. Describe the accommodation you are requesting and the specific regulation(s) and/or procedure(s) from which accommodation is sought. Attach additional sheets as needed.

8. Give the reason that the reasonable accommodation may be necessary for you or the individual with disabilities. You do not need to tell us the name or extent of your disability or that of the individual seeking the housing. Attach additional sheets as needed.

9. If we have questions about your request for reasonable accommodation and you would like us to contact someone assisting you with this request, instead of you, please give us that person's name, address and telephone number.

10. Signature of Applicant _____ Date _____

11. Signature of Property Owner _____ Date _____