Request for Reasonable Accommodation

If you are an individual with a disability who needs accommodation to participate in a City of Suisun City service, program, or activity, please complete and submit this form. If you need assistance completing this form or need an alternative format, please contact the City's ADA Coordinator by emailing cpenland@suisun.com or by calling 707-421-7300. For individuals who are Deaf or Hard of Hearing, all voice telephone numbers on this website may also be reached by individuals using TDD equipment by calling 7-1-1.

Requests for accommodation or modifications of City programs and services should be submitted with as much notice as possible, but please allow at least three (3) business days prior to the event to review and process your request. The ADA/5054 Coordinator will notify you if your request is approved or discuss other alternatives.

Date	
Contact Information	
Name	
Phone	
Email	
Preferred contact method: PhoneEmailOther (describe)	
Accommodation Requested (please mark appropriate boxes)	
☐ Audio recording	
□ Braille	
□ Large Print	
□ Electronic copy	
□ American Sign Language Interpreter	
☐ Assistive listening device	
☐ Enlarged keyboard	
☐ Communication Access Real Time Translation (CART)	
☐ Open or closed captioning	
☐ Video Remote Interpreting	
☐ Other, please describe:	
Additional comments:	
Additional comments:	

For City use. Request No. _____