

REQUEST FOR ACCOMMODATION

The City of Brawley is dedicated to providing public access to participate safely in its programs and activities. To ensure accommodations can be arranged, please submit your request at least 10 business days before the program's start date. The City is committed to considering requests that do not fundamentally alter the nature of our services, programs, and activities, impose an undue financial or administrative burden, or pose a threat to the safety of the participant or others. Please complete the required information for the participant requesting accommodation below. This process is confidential. There is no requirement to provide private medical records detailing the nature and extent of the disability. Participants are entitled to accommodations under the Americans with Disabilities Act. The safety of participants, staff, and others is a top priority for the City of Brawley when determining accommodation.

PARTICIPANTS NAME:		Age:	DOB:	_//	
GUARDIANS NAME:		(Email): City: Zip:			
Address:		City:	Zip:		
Phone: (Cell)	(Home)		(Work)		
ACCOMMODATION REQU Mini Camp, Softball, Bask		LOWING PROG	RAM: le) Sumr	ner Day Camp,	
ACCOMMODATION REQUIREQUIREQUIREQUIREQUIREQUIREQUIREQUI	ESTED: Please descri	be what type of	accommodat	ion you are	

ACCOMMODATION IS NEEDED BECAUS needed.	SE: Please describe why the accommodation is
	ONE AIDE WHO ASSISTS THE PARTICIPANT? Please ackground checks for aides. You will be contacted and check.
DO YOU CURRENTLY UTILIZE THE SERV	ICES OR VENDORS OF THE REGIONAL CENTER?
Print Name	
Name (signature)	Date:

Please return the completed form to the Parks and Recreation Department, 225 A Street, Brawley, CA 92227, 760-344-5675