



## CITY OF CERES ADA Service Accommodation Request Form

Date:	Phone of Requestor:
Name of Requestor:	Email of Requestor:
Address of Requestor (Optional):	
<b>This is a request for accommodation which is needed because of my disability</b>	
1. I am applying for services provided by the City of Ceres, Department of _____	
2. The accommodation I am requesting will allow me to participate in the following activity and/or service: _____ _____	
3. My specific functional limitation is: _____ _____	
4. Describe the reasonable accommodations that are necessary: _____ _____	
5. Additional Comments: _____ _____	
Requestor Signature:	Date:

Return this form to: Sam Royal, Public Works Director  
2220 Magnolia Street, Ceres, CA 90201  
Email: [samir.royal@ci.ceres.ca.us](mailto:samir.royal@ci.ceres.ca.us)  
Phone: (209)538-5717

