



APPLICATION FOR REQUEST FOR REASONABLE ACCOMMODATION

*NOTE: If you require an accommodation to complete this application, the County will assist you.
Please see details at the end of this form.*

Applicant Name: _____

Applicant Address: _____

Applicant Telephone Number: _____

Property Owner (if different from Applicant): _____

Address where accommodation is requested: _____

Assessor's Parcel Number(s) where accommodation is requested: _____

Describe the accommodation you are requesting:

Describe the specific regulation(s) and/or procedure(s) from which relief is sought:

Describe the reason that the accommodation may be necessary for use and enjoyment of the housing:

NOTE: You are not required to provide details regarding the type or extent of the disability for which the accommodation is being requested.

Application Contact: During review of your application, a representative from the Community Development Agency may need to contact you to answer any questions that arise. If there is a person other than yourself that is assisting you with this request and that you would like to serve as the contact regarding this application, then please provide that person's contact information below.

Name: _____

Telephone Number: _____

Address: _____

Attachments: Please attach to this application any additional documents that support your request for reasonable accommodation and that would assist us in evaluating your application. Provide a list of all attachments below:

Signature of Applicant: _____ **Date:** _____

Accessibility: If you are an individual with a disability and require an accommodation to participate in a County program, service or activity, please call (415) 473-4381 (voice), (415) 473-3232 (TTY), dial 711 for CRS or email disabilityaccess@marincounty.org at least five business days in advance of when you require an accommodation. Documents in alternative formats are available upon request.

