



## CITY OF POMONA

### PATH OF TRAVEL REASONABLE ACCOMMODATION REQUEST FORM

This form is an initial step in processing your request for an accommodation under [Title II of the Americans with Disabilities Act](#) (ADA). An accommodation is a reasonable modification or adjustment that enables a qualified person with a disability to enjoy the same access to employment, facilities, services, activities and programs that are enjoyed by persons without disabilities. Such request allows the City to become aware of an individual requesting an accommodation. Accommodating such requests by the City is done based on the nature of budgetary constraints and the requests being asked for.

Accepting such request by the City shall not imply that the City will be able to install or modify the path of travel at any time in the future. This request form is intended to create a means of communicating directly with the ADA Coordinator in order for the City to evaluate and prioritize ADA Path of Travel needs in our community.

**INSTRUCTIONS:** Please be as specific as possible with the information provided below. Completed forms may be sent to René Anderson, ADA Coordinator/Human Resources/Risk Management Director at [René.anderson@pomonaca.gov](mailto:René.anderson@pomonaca.gov) faxed to (909) 620-2295, or delivered in-person at the Human Resources Office, City Hall, Second Floor, 505 S. Garey Avenue, Attn: René Anderson, ADA Coordinator/Human Resources/Risk Management Director or, Naela Cansino, Acting Risk Manager.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_

DAYTIME TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PREFERRED METHOD OF CONTACT: \_\_\_\_\_

REPORTING ON BEHALF OF SELF OR OTHER PERSON: SELF \_\_\_\_\_ OTHER \_\_\_\_\_

REQUEST FOR INSTALLATION OR REPAIR OF SIDEWALK: YES \_\_\_\_\_ NO \_\_\_\_\_

REQUEST FOR INSTALLATION OR REPAIR OF CURB RAMP: YES \_\_\_\_\_ NO \_\_\_\_\_

LOCATION/S OF PATH OF TRAVEL BARRIER/S \_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF PATH OF TRAVEL BARRIER/S: \_\_\_\_\_

\_\_\_\_\_

PLEASE DESCRIBE THE REASONABLE ACCOMMODATION YOU ARE REQUESTING  
AND BASIS FOR REQUEST:

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QUESTIONS: Please contact City of Pomona ADA Coordinator at 1-909-620-2291.