

**CITY OF BEVERLY HILLS**  
**REQUEST FOR REASONABLE ACCOMMODATION**  
**(AMERICANS WITH DISABILITIES ACT)**

Pursuant to Title II of the Americans with Disabilities Act (ADA), the City of Beverly Hills will make reasonable efforts to accommodate persons with disabilities in the provision of City programs, services, activities and facilities. An accommodation is a reasonable modification, change or adjustment that enables a qualified person with a disability to enjoy the same access to programs, services, activities and facilities that are enjoyed by persons without disabilities. Please be advised that the ADA does not require the City to take any actions that would fundamentally alter the nature of its programs, services, activities, or facilities, or impose an undue financial or administrative burden on the City.

If you or your child require accommodation to participate in a City program, service or activity, or to access a facility, please let us know by submitting this Request for Reasonable Accommodation Form at the time of your registration or enrollment, and in any event no later than 72 hours in advance of the first date of the program, service, activity, meeting or other event, in order to allow the City sufficient time to process your request and make appropriate accommodations if they are approved. Please note: Due to difficulties in securing American Sign Language Interpreters or Braille services, five or more business days' notice is strongly recommended for such requests. Upon review, the City will determine if additional information or documentation may be required to process your request.

To obtain the Request for Reasonable Accommodation form in an alternative format, or for further information or assistance, **please contact the ADA Coordinator's office at (310) 285-2467 (voice), or (310) 285-6881 (TTY).**

If you require additional space to provide your information, please attach additional sheets to this form, identifying the paragraph(s) being answered.

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**Participant/Requester Information:**

Today's Date: \_\_\_\_\_

1. Complete Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

4. Email (optional): \_\_\_\_\_

5. Person the request is for: \_\_\_\_\_

a. Relationship (Parent/Guardian/Conservator): \_\_\_\_\_

b. (if minor) Age: \_\_\_\_\_

6. Preferred contact method: ☐ Phone ☐ Email ☐ In person

7. Best time to reach you: \_\_\_\_\_

8. If you are not available, may we leave a message? ☐ Yes ☐ No

a. (if yes) With whom: \_\_\_\_\_

**Class/Program/Event for which accommodation is requested:**

1. Class/Program/Event Title: \_\_\_\_\_

2. Class/Program/Event No. \_\_\_\_\_

3. Date(s): \_\_\_\_\_

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4. Session Start Time(s) and End Time(s): \_\_\_\_\_

5. Location: \_\_\_\_\_

**Requested Accommodation(s)**

1. Type of accommodation requested (please check applicable box[es])

- ☐ Facility or Other Architectural Access (e.g., need for wheelchair access)
- ☐ Programmatic Access (e.g., teaching techniques, bringing personal aide or assistant, etc.)
- ☐ Communications Access (e.g. ASL Interpreter, materials in Braille or other alternative formats, or other auxiliary aids or services)
- ☐ Service animal (e.g., dogs)<sup>1</sup>
- ☐ City of Beverly Hills Policy Modification
- ☐ Other

2. Describe accommodation requested in detail. Attach additional pages as needed:

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3. Provide any additional information or documentation that you believe may be helpful to the City (specify). Attach additional pages as needed:

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Type/Print Name**

**Mail to:** City of Beverly Hills  
ADA Coordinator  
Daren Grilley  
345 Foothill Road  
Beverly Hills, CA 90210

**Call:** (310) 285-2467 (voice) or  
(310) 285-6881 (TTY)

**Fax:** (310) 247-1953

**Email:** [AskPW@beverlyhills.org](mailto:AskPW@beverlyhills.org)

<sup>1</sup> Service animals include dogs (or, in some cases, miniature horses) that are individually trained to do work or perform tasks for the benefit of an individual with a physical or mental disability. Examples include guiding people with impaired vision, alerting people with impaired hearing, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, calming a person with Post Traumatic Stress Disorder (PTSD) during an anxiety attack, or performing other duties. Service animals are working animals, not pets. The work or task a dog has been trained to provide must be directly related to the person's disability. Dogs whose sole function is to provide comfort or emotional support, or any other kind of animal, bird, or reptile, do not qualify as service animals under the ADA.

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**FOR OFFICIAL USE ONLY** (Lead Dept. sends completed form to ADA Coordinator and retains copy)

Action taken to address requested accommodation:

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Feedback to requesting party (date and details):

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