



City of Pleasant Hill

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## REQUESTING AN ACCOMMODATION UNDER THE AMERICANS WITH DISABILITIES ACT

In accordance with the requirements of the Americans with Disabilities Act of 1990 (ADA) and California Government Code § 11135, the City of Pleasant Hill does not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities. The ADA does not require the City to take action that would fundamentally alter the nature of its programs, services or activities or that would impose an undue financial or administrative burden. The City of Pleasant Hill will make accommodations, if feasible, to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities.

**Requesting an Accommodation:** The request for accommodation should be made on the City's Request for ADA Accommodation Form and include the name, address and telephone number of the individual requesting the accommodation. The request should contain the location of the program, service, activity, or facility where the accommodation is required and a description of why the accommodation is needed. Alternative means of filing a request will be made available if needed. Urgent requests (such as requests for accommodation at a City Council special meeting) may be made via phone call or email to the department representative or the City's ADA Coordinator.

The request should be submitted to the department offering the service, program, or activity, or the City's ADA Coordinator:

Ananthan Kanagasundaram  
City Engineer  
100 Gregory Lane  
Pleasant Hill, CA 94523  
Phone: (925) 671-5261  
California Relay: 711  
Fax: (925) 676-1125  
Email: [ananthank@pleasanthillca.org](mailto:ananthank@pleasanthillca.org)

The department representative or ADA Coordinator will respond to the individual requesting the accommodation within 72 hours of non-urgent requests. Urgent requests will be addressed as soon as possible during regular business hours and in advance of the program or activity.

Written requests for accommodation received by the ADA Coordinator and all responses from the City will be kept by the City of Pleasant Hill for three years.



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**Request for Accommodation under the Americans with Disabilities Act  
(other than land use accommodations (i.e. pertaining to zoning and building regulations))**

Please fill out this form completely. Alternative means of filing a request will be made available if needed.

**Individual Completing the Form:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Individual Requesting Accommodation (if other than individual completing form):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Facility, Program, Activity, Event, or Service Requiring Accommodation:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_, Pleasant Hill, CA 94523

**Date Accommodation Needed:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Please describe the accommodation being requested, including suggestions for how to provide accommodation, if any:**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Send to:**

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