



City of Vista  
Human Resources - ADA Office

File #:
Date:
Staff:
Closed:

### ADA Access Request Form

1. Type of Request:  Curb Ramp  Parking  Sidewalk  Bus Stop  Facility  Program

Other: \_\_\_\_\_

2. Affected Department(s) & Program: \_\_\_\_\_

3. Requestor:  Employee  Citizen  Other

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

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

4. Concern:  
\_\_\_\_\_  
\_\_\_\_\_

5. Requested Accommodation/Corrective Action:  
\_\_\_\_\_  
\_\_\_\_\_

6. Investigation Results/Special Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Action Taken/Time Schedule:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Communications with Department & Requestor:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This notice is available in an alternate format.  
Please contact the ADA Coordinator (760) 639-6145.

Approved: August 2010