

ADA Request Form

- The City’s designated Citywide ADA Coordinator helps to investigate and resolve disability access issues.
- This form should be completed to request an accommodation and an/or report issues. Please fill out as much of this form as you can.
- Completed forms can be mailed, emailed, faxed or hand delivered to
 - Jason Nishiyama - ADA Coordinator
 - City of Torrance 3031 Torrance Boulevard Torrance, CA 90503
 - Fax: (310) 618-2927
 - ADA@TorranceCA.gov

First Name	
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Last Name	
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Email Address	
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Contact Phone Number	
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Postal Address	
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May we leave a message?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Category that best describes the issue:	<input type="checkbox"/> Architectural Access (ex: wheelchair ramps, braille signage, accessible counters) <input type="checkbox"/> Programmatic Access (ex: City benefit service, modification of a policy, practice or procedures) <input type="checkbox"/> Communication Access (ex: interpreter, materials in alternative formats, auxiliary aids and services) <input type="checkbox"/> Other _____
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Department(s) involved	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> City Attorney <input type="checkbox"/> City Manager <input type="checkbox"/> Community Development <input type="checkbox"/> Fire <input type="checkbox"/> Public Works <input type="checkbox"/> City Clerk <input type="checkbox"/> City Treasurer <input type="checkbox"/> Community Services </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> General Services <input type="checkbox"/> Transit <input type="checkbox"/> City Council <input type="checkbox"/> Communications & Info Tech (CIT) <input type="checkbox"/> Finance <input type="checkbox"/> Police <input type="checkbox"/> Other _____ </td> </tr> </table>	<input type="checkbox"/> City Attorney <input type="checkbox"/> City Manager <input type="checkbox"/> Community Development <input type="checkbox"/> Fire <input type="checkbox"/> Public Works <input type="checkbox"/> City Clerk <input type="checkbox"/> City Treasurer <input type="checkbox"/> Community Services	<input type="checkbox"/> General Services <input type="checkbox"/> Transit <input type="checkbox"/> City Council <input type="checkbox"/> Communications & Info Tech (CIT) <input type="checkbox"/> Finance <input type="checkbox"/> Police <input type="checkbox"/> Other _____
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Location/Address of the issue:	
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**Date of Event
(provide specific date or range
of dates)**

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**Name of person
accommodation is requested
for (if other than listed above)
and relation:**

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**Have efforts been made to
resolve this complaint through
the City or any of its
departments?**

- Yes
- No

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**If yes, please provide the name
of the city contact?**

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ADA Request Form

Description of assistance requested
(Please provide as much information as possible who, what, when, where and how.)

Signature

Date

We will provide a copy of this complaint to the appropriate contract, who will conduct an investigation. We may assist in this investigation and will review the results. Providing information to the City of Torrance and all its departments provides implied consent to share the given information within the City and its departments.

You should receive a written response from the Department within a maximum of 30 calendar days. If you do not, please contact us at:

ADA Coordinator
City of Torrance
3031 Torrance Boulevard
Torrance, CA 90503
Phone: (310) 618-2950
Fax: (310) 618-2927
ADA@TorranceCA.gov

For office use only:

Staff receiving the form: _____ Date: _____