

City of Palm Desert

Americans with Disabilities Act



Reasonable Accommodation Procedure

In its efforts to ensure that communications with members of the public with disabilities are as effective as communications with others, the City of Palm Desert will provide appropriate auxiliary aids and services whenever necessary for those individuals who have hearing, sight, or speech impairments, unless to do so would result in a fundamental alteration of its programs or an undue administrative or financial burden. The City will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy. In determining what type of auxiliary aid is necessary, the City will give primary consideration to requests of individuals with disabilities.

A person who requires an accommodation, an auxiliary aid, or service to participate in a City program, services, or activity, who request a modification of policies or procedures should contact the ADA/504 Coordinator as far in advance as possible but no later than forty-eight (48) hours (two business days) before the scheduled event. The best effort to fulfill the request will be made.

The City of Palm Desert will also respond to request to remove or otherwise reduce physical barriers that may limit participation in or access to a City program, service, or facility. An individual requesting the removal of a physical barrier in order to gain or improve access should contact the ADA/504 Coordinator.

Please use the "Request for Accommodation" form whenever possible. The form may be accessed from the City website (www.cityofpalmdesert.org) or by contacting either the City Clerk or ADA/504 Coordinator. The request should contain the location of the program, service, activity, or facility where the accommodation is required, and the type of accommodation needed or the location of the barrier and why the removal is needed. Assistance completing the request form will be provided if requested. Responses will be provided in alternative formats if requested.

Information, Form Request, Form Submission:

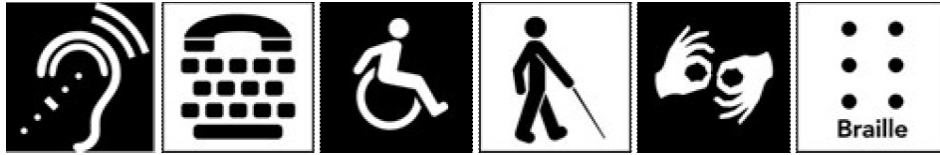
ADA/504 Coordinator
73-510 Fred Waring Drive
Palm Desert, California 92260
(760) 776-6450
California Relay Service 7-1-1
ada@cityofpalmdesert.org

The ADA/504 Coordinator will respond within two business days to the individual requesting an accommodation and a determination made based upon the nature of the request, project, priorities, and budget allocations. If the request cannot be filled, a reason will be provided, and a written record will be kept on file. If the requesting individual is dissatisfied with the response, the individual may then file a grievance by completing the ADA Grievance Form, which is available from the City Clerk.

_____ Request Code

City of Palm Desert

REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL



Please type or print legibly.

Name: _____ Date of request: _____

Address: _____ City: _____ State: _____ Zip code: _____

Telephone number: _____ Email: _____

Check one: Accommodation Barrier Removal

Accommodation needed or location with description of barrier:

Date accommodation is needed: _____

Barrier removal requests will be evaluated and prioritized by City staff with regard to the nature of the requested accommodation or barrier removal, budget, and scheduled projects.

Signature: _____ Date: _____

This section to be completed only if person needing accommodation is not the individual completing this form.

Person(s) affected (if other than requesting individual): _____

Address: _____ City: _____ State: _____ Zip code: _____

Telephone number: _____ Email: _____

Drop off or mail completed form to:

For more information or assistance completing this form, please contact:

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