

CITY OF OCEANSIDE

NEIGHBORHOOD SERVICES DEPARTMENT

HOUSING DIVISION 321 N. NEVADA STREET OCEANSIDE, CA 92054 TELEPHONE: (760) 435-5048

FAX: (760) 435-6303

COORDINATOR: MEGAN CROOKS

REASONABLE ACCOMMODATION REQUEST FORM

Date:		
Name:		
Street Address:		
City:	State:	Zip Code:
Phone:	Email: _	
Preferred Method of Contact:	Email	Telephone
Please specify the program, ser you seek accommodation:	vice, activity, poli	cy or communication aid for which

1.	I am requesting accommodation: (Check all that apply.)
	That will allow me to participate in a program or activity offered directly by the City of Oceanside Housing Authority.
	Name of Program:
	That will allow me to participate in a program or activity offered by a sub- recipient of CDBG or HOME funds administered by the City of Oceanside Housing Authority.
	Name of sub-recipient:
	Name of program/project:
	By asking for an exception to a rule, policy or procedure. Please specify the rule, policy or procedure:
2.	Describe the accommodation you are requesting:
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3.	Describe how this accommodation will assist you. Please attach additional sheets as necessary.
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Thank you for completing this form. Your request will be forwarded to the appropriate program or project official. Please allow nine (9) business days for a response to your request. Should you be unsatisfied with the response to your request, you may appeal to the Section 504 Coordinator, Megan Crooks at mcrooks@ci.oceanside.ca.us or (760) 435-5048.