



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, service, activity, policy or communication aid for which you seek accommodation:

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: _____

3. Describe how this accommodation will assist you. Please attach additional sheets as necessary. _____

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.