CITY OF OCEANSIDE
NEIGHBORHOOD SERVICES DEPARTMENT
**HOUSING DIVISION**
**321 N. NEVADA STREET**
**OCEANSIDE, CA 92054**
**TELEPHONE: (760) 435-3385**
**FAX: (760) 435-6385**
**COORDINATOR: CECILIA BARANDIARAN**

# REQUEST FOR SECTION 504 ACCESS IMPROVEMENTS

Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Preferred Method of Contact: Email _____ Telephone _____

The purpose of this form is to allow the public and program participants to inform the Section 504 Coordinator of the need to make program and/or project access improvements for programs and projects that are funded by Federal Funds administered by the City of Oceanside Housing Authority.

Improvements may include:

- Buildings or facilities for physical accessibility
- Program outreach and communication
- Program eligibility and admission criteria and practice
- Complaint processing procedures

This form is not applicable to general public ADA access nor access problems to businesses, shopping centers, or other private property that are not funded through Federal Funds administered by the City of Oceanside Housing Authority.

1. Please describe the access problem you encountered:

2. Location and/or name of program/project of the Section 504 Access problem:

3. What change would you like to see that would be helpful in solving the problem:

4. Are you interested in being consulted on future scheduled Section 504 evaluations?

___Yes ___No

If yes, your contact information will be kept on file for the next scheduled Section 504 evaluation.

Thank you for completing this form. Your complaint will be addressed within 30 business days. Should you be unsatisfied with the response to your request, you may appeal to the Section 504 Coordinator, Cecilia Barandiaran at cbarandiaran@ci.oceanside.ca.us or (760) 435-3385.