



CITY OF SANTA CRUZ
SAFE PARKING PROGRAM
DISABILITY ACCOMODATION REQUEST

Instructions: Please complete this form to the best of your ability. Return the form either by email to safeparking@santacruzca.gov or you can drop it off at 809 Center St. Room 10, Santa Cruz, CA 95060. For questions, please call 831 420-5093

Date: _____

Name: _____

Phone: _____ Email: _____

Location of Safe Parking Program lot: _____

Describe the nature, extent and duration of your disability (Please do not disclose your diagnosis; explain your disability-related limitations and how this accommodation will help you):

Accommodation(s) Requested (Be as specific as possible):

If you are not sure what accommodation is needed, do you have any suggestions about what options we can explore?

I certify that I have a disability that requires reasonable accommodation, which will be met by the accommodation(s) listed above.

Signature: _____

Date: _____