



## City of San Pablo Public Meeting Accommodation Request Form

This form is to request accommodation(s) needed to attend a City of San Pablo public meeting under the Americans with Disabilities Act.

*Please submit the completed form by email to [cityclerk@sanpabloca.gov](mailto:cityclerk@sanpabloca.gov), with "Accommodation Request" listed in the subject line of the email, as soon possible. For accommodations requested, the completed form must be received by the City no later than 10:00 a.m. the day of the meeting.*

Requestor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\_\_\_\_\_  
Requestor's Signature and Date

### Physician Certification [To be completed by Requestor's Physician]

I certify that the following accommodations are necessary for the Respondent to participate in any public meeting held from \_\_\_\_\_, 202\_\_ to \_\_\_\_\_, 202\_\_ due to Respondent's current medical condition and/or disability.

- Ability to participate remotely. This accommodation is necessary because Requestor is physically unable to leave their residence and/or Requestor cannot safely attend a public meeting in-person due to Requestor's current medical condition or disability.
- Auxiliary Aids
- Other Accommodation(s): \_\_\_\_\_

\_\_\_\_\_  
Physician's Name (Print)

\_\_\_\_\_  
Physician's Signature and Date

\_\_\_\_\_  
Physician's License #

\_\_\_\_\_  
Physician's Phone