



# CONTRA COSTA COUNTY, CALIFORNIA

## REQUEST FOR ACCESS TO SERVICES, PROGRAMS, OR ACTIVITIES UNDER THE AMERICANS WITH DISABILITIES ACT (ADA)

### REQUESTOR INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### NATURE OF THE REQUEST:

Department, program, or service: \_\_\_\_\_

Date(s) Access Needed: \_\_\_\_\_

Description of Desired Service, Program, or Activity: \_\_\_\_\_

Requested Action of County to Create Access to Service, Program, or Activity:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Return completed form to:

Susan Skamser  
ADA Public Access Coordinator  
Contra Costa County  
Risk Management Department  
2530 Arnold Drive, Suite 140  
Martinez, CA 94553

(925) 335 1400  
(925) 335 1421 (fax)  
[susan.skamser@riskm.cccounty.us](mailto:susan.skamser@riskm.cccounty.us)