



Have efforts been made to resolve this complaint through the Request for Accommodation with the ADA Coordinator?                      Yes                      No

If yes, what were the results?

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Additional space for answers:

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

**Return the completed form to:  
ADA Coordinator  
City of Vacaville  
650 Merchant Street  
Vacaville, CA 95688**