



**Cerritos on Wheels/Cerritos Dial-A-Ride**

**PART I - Reasonable Accommodations Request Application Form**

Cerritos Transit is committed to providing equal access and opportunity to qualified individuals with disabilities in all programs, services, and activities. Cerritos Transit recognizes that, in order to have equally effective opportunities and benefits, individuals with disabilities may need reasonable accommodations to policies and procedures. With this in mind, Cerritos Transit will adhere to all applicable federal and state laws, regulations, and guidelines with respect to providing reasonable accommodations, as necessary, to afford equal access to programs for persons with disabilities. Cerritos Transit does not discriminate on the basis of disability in admission to, participation in, or receipt of services and benefits under any transit program or activity.

Requests for reasonable accommodations or modifications will not be approved if the request would fundamentally alter the nature of the service, program, or activity; create a direct threat to the health or safety of others; result in an undue financial and administrative burden to the City or its respective contractors; or the disabled person would still be able to fully use the services provided by the City without the modification.

Applicants interested in submitting a reasonable accommodations request to the City of Cerritos for the Cerritos On Wheels or Dial-A-Ride services must complete the sections in this application and include proof of disability as an attachment. Applicants will be notified within 10 days regarding the reasonable accommodations request determination.

**Applicant's Information:**

Today's Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

**Transit Service:**

**Cerritos on Wheels:**

**Dial-A-Ride:**

**Description of Reasonable Accommodations Request (please feel free to attach an additional sheet of paper if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this request related to a disability?  Yes  No

Has proof of disability been attached to this request?  Yes  No

Are you able to fully use the Cerritos On Wheels or Dial-A-Ride without this accommodation?

Yes  No

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

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

**Part II - City of Cerritos Reasonable Accommodations Waiver Form**

I hereby voluntarily and of my own freewill relinquish and waive the right to make any claims or bring any legal action against the City of Cerritos or their officers, officials, employees and/or volunteers, for any injuries, damages, charges or expenses, including attorney's fees which might be sustained as a result of my voluntary participation in the City of Cerritos' reasonable accommodation process. I also acknowledge that the City of Cerritos reserves the right to deny a reasonable accommodation based on the following:

- If a reasonable accommodation would fundamentally alter the nature of the public transportation service;
- If a reasonable accommodation would create a direct threat to the health or safety of other passengers;
- If the applicant is able to fully use Cerritos Transit's services without the accommodation being made; or
- If granting the request would cause an undue financial and administrative burden to the City of Cerritos or its respective contractors.

The City reserves the right to modify the terms and conditions of this reasonable accommodation process without prior notice.

Name: (Print) \_\_\_\_\_

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

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

**City Staff Use Only**

Request Received By:		Date:	
Reasonable Accommodation Request:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Justification for Approval/Denial:			