REQUEST FOR DISABILITY ACCOMMODATION

Submit this form if you need an accommodation for a disability.

1. CASE INFORMATION

Case Name:_____ File Number:_____

2. ACCOMMODATION INFORMATION

Name of the Person Who Needs Accommodation (*Applicant*):_____

The Applicant is a: ◯ Party ◯ Witness ◯ Attorney/Representative

What accommodation is requested?

_____

Why do you need this accommodation to assist you in the case?

_____

☐ Additional pages of information are attached (*optional*).

3. CONTACT INFORMATION

Name of the Person Making the Request:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Email:_____

Preferred Contact Method: ◯ Email ◯ Phone ◯ Mail

4. INFORMATION ABOUT ACCOMMODATION PROCESS

- This form is optional and used only to help CalRecycle determine the accommodations you need. We may ask for more information to provide the most appropriate accommodation.
- Please submit your request as early as possible, or at least 14 days' notice before the accommodation is needed, if you can.

5. SIGNATURE

Signature:_____ Date:_____

Printed Name:_____

Submit a signed copy of the completed form to:
CalRecycle Hearing Office
1001 I Street, MS 25-54, Sacramento, CA 95814
Email: HearingOffice@calrecycle.ca.gov

Your information may be subject to disclosure under the Public Records Act unless protected by law.

See our full privacy policy at https://calrecycle.ca.gov/Help/Privacy/.