

PARKING RELOCATION

Reasonable Accommodations Request Form

Subphases 1A and 1B of the Parkmerced Development Project includes the demolition of existing parking facilities at Parkmerced including: Felix Garage, Galindo Garage (and associated surface lots), and Arballo Circle. The anticipated demolition of the parking facilities will begin in Spring 2017. Owner/Agent will work with affected residents with special needs (elderly, disabled, etc.) to identify a parking space in a carport that is closer in proximity to their existing apartment and/or parking space, if available.

When completed, Resident shall return this request to:

Mail: PARKMERCED RESIDENT SERVICES
1 Varela Avenue
San Francisco, CA 94132
Fax: 415.469.9512
Email: services@parkmerced.com

Resident Name(s): _____

Date: _____

Premises Address: _____

City, State, Zip: _____

Phone Number: _____

Current Garage: Arballo Circle Felix Garage
 Galindo Garage Galindo Lot F

Current Space #: _____

1. What is your request?

3711, 19th Ave.
San Francisco
CA 94132
415 405 4600
Leasing Office
415 405 4690
Resident Services
parkmerced.com

2. Why is this accommodation/modification necessary?

3. **Required Verification:** If a Resident asserts that he/she is disabled as defined by the California Fair Employment and Housing Act [see attached definition] and that the requested accommodation is related to Resident's disability and is necessary to allow the resident full use/enjoyment of the premises. Resident understands that he/she is required to provide written verification from a health care provider or other credible third party who can competently verify the resident's need for the Reasonable Parking Accommodation.

Written verification is being provided by:

Name: _____

Title/Position/Relationship to Resident: _____

Contact Information: _____

4. **Consent to Confirmation:** Resident acknowledges that Owner/Agent will contact the individual(s) who provided the verification for the sole purpose of confirming that the individual(s) authored/signed the verification. By signing below, Resident agrees that Owner/Agent may contact the third party who provided the verification for that sole purpose.

Resident Signature: _____ Date: _____

Owner/Agent Signature: _____ Date: _____

