

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: _____



(Owner/Agent Official Use Only)

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To: _____
(Name of Verifier)

(Resident Name and Address)

Resident has requested to be allowed to have Parking Relocation Reasonable for a disability as defined by the California Fair Employment and Housing Act. Copies of the Resident's request and verification are attached.

Please confirm whether or not you provided the attached verification, by filling out and returning this form.

Thank You,

(Owner/Agent Signature) _____
Date

Yes I did provide the attached verification of the applicant's disability.

No, I did not provide the attached verification of the applicant's disability.

(Verifier's Signature) _____
Date

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