



REASONABLE ACCOMMODATION REQUESTS AND PROCEDURES

In accordance with state and federal law, the City of Lake Forest (“City”) provides reasonable accommodations to the application of City programs — including land-use, zoning, and building regulations, policies, practices, and procedures — when necessary to provide meaningful access to City programs or to eliminate barriers to housing opportunities to persons with disabilities. Reasonable accommodation requests are reviewed and approved in accordance with the standards provided in Chapter 1.18 of the Lake Forest Municipal Code (“LFMC”) [LFMC - Title 1](#)

Attached is a form that can be used to submit a reasonable accommodation request. This form is not mandatory. Reasonable accommodation requests, as well as requests for assistance in completing a request, may be submitted to the City in-person, via email or U.S. mail, or by telephone as follows:

City of Lake Forest Attn: Planning Division 100 Civic Center Drive Lake Forest, CA 92692	Telephone: (949) 461-3460 Email: planning@lakeforestca.gov
---	--

City Hall is open to the public as follows:

- Mondays, Tuesdays, Thursdays: 8:00 a.m. – 6:00 p.m.
- Wednesdays: 8:00 a.m. – 11:45 a.m.
- Fridays: 8:00 a.m. – 5:00 p.m.



REASONABLE ACCOMMODATION REQUEST

NOTE: If you need help completing this form, please contact City staff for assistance. Please note that the law requires the reasonable accommodation process to be “iterative” and “interactive.” The City may request additional information relevant to the findings that the City must make to grant a request.

City of Lake Forest
Attn: Planning Division
100 Civic Center Drive
Lake Forest, CA 92692

(949) 461-3460
planning@lakeforestca.gov

Applicant Information			
Name:		Telephone #:	()
E-mail:			
Address:			
Street:			
City/State/Zip:			
Address of housing corresponding to requested accommodation			
Street:			
City/State/Zip:			
Describe accommodation requested and applicable regulation(s) and/or procedure(s):			

If applicable, please explain why a reasonable accommodation is necessary for a person with disability to use and enjoy housing (name or extent of disability or person(s) occupying the housing not required):

--

Person to contact for questions about request for reasonable accommodation

Name:		Telephone #:	()
E-mail:			
Address:			
Street:			
City/State/Zip:			
Signature of Applicant:		Date:	

PLEASE ATTACH ANY DOCUMENTS THAT SUPPORT THE REQUEST FOR REASONABLE ACCOMMODATION AND MAY ASSIST THE CITY IN EVALUATING THE REQUEST.