

Center for Electrosmog Prevention

Title II ADA Accommodations Request Directions*

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1. For use with gov't entities – school, city, county, state, federal to request an accommodation under Title II of the ADA (Americans with Disabilities Act, as amended.) For filing an ADA accommodations request for non-employment issues with private businesses see [Title III of the ADA](#).
2. Read over the *Americans with Disabilities Act Title II Regulations, Part 35 Nondiscrimination on the Basis of Disability in State and Local Government Services* (current as of October 11, 2016) at https://www.ada.gov/regs2010/titleII_2010/titleII_2010_regulations.htm) and https://www.ada.gov/regs2010/titleII_2010/title_ii_reg_update.pdf. Learn more at <https://www.ada.gov/>, where you may also find the contact number to speak with an ADA Specialist (free). Make sure you are reading the ADA current with 2016 amendments. Some of the earlier documents online do not contain that and are not current.

NOTICE:

The title II regulation was modified by the Pool Extension Final Rule and the ADA Amendments Act Final Rule, which can be found in the [Title II Regulation Supplement](#). This document and the supplement should be read together for the most up-to-date regulation.

Alternatively, [the fully updated regulation is available in html](#).

3. Be sure your physician knows of your disability and it is part of your medical record. *Be sure that your physician has ruled out other causes and that this is on that record.* Get a dated, official copy of your medical record or that portion of it. Do not provide to the gov't entity, but have on hand to refer to. Do not provide full access to your physician or medical records. *A physician note may be sufficient in most cases and in some cases not necessary. Obtain legal advice from a disability discrimination attorney, if not sought out already, on this point in particular, if unclear about what to do or if being asked for excessive medical or personal information.*

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4. Find out who the Title II ADA Coordinator is for the gov't entity you wish to make the request of, if any. Likely this designated person will be in their Human Resources Dept. (Note: Title II is not about Employment. That is Title I of the ADA).
5. Contact and explain to the ADA Coordinator that you will be making a request for accommodations and ask for the extent of confidentiality of information provided. Get any directions and assurances in writing. You may or may not wish to explain the exact request orally prior to making a written request.
6. See if there is a form or format to use for a Title II ADA request of this gov't entity and obtain the form and directions, if any.
7. *See attached sample.*
8. Fill out the form (if any) and/or write out the following (can be attached, also, if there is a form):

Personal Information • Indicate first name, middle initial, and last name (family/surname). Indicate other names you are or have been known by, if required. • Indicate your Social Security number *only if it is required*. • Indicate your date of birth (month, day, year) if required. • Indicate your gender, if required.

Official Mailing Address/Contact Information • Indicate your mailing address and daytime phone numbers at which you can be reached. • Indicate your Email address. • To ensure prompt and accurate correspondence, it is important that you notify the gov't entity immediately in writing if any of your contact information changes.

Disability • Briefly describe the disability that limits one of more of your major life activities (e.g., walking, hearing, speaking, seeing, reading or writing). See § 35.108 Definition of disability at URL above.

Supporting documentation, if required, may be attached. (Note: this may not be necessary unless asked for later in process, and may not require excessive documentation, according to 2016 revision of the ADA.) However, be prepared to provide a doctor's note if needed now or later. It is not recommended to provide full or open access with your physicians or medical providers; inform your medical provider of exactly how much access (or none) is going to be approved by you, in writing.

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Indicate the specific accommodation being requested and why. You may provide a list of accommodations requested, if more than one, or a list of choices, numbered in order of your preference.

Ask for a decision by a certain date, providing enough time to consider the request.

Sign your name, print your name, and write the date of the request at the bottom of the page.

9. Keep a copy of all documentation, including the form and all communications, for your records. *Obtain a dated, signed receipt for turning in the request or mail it certified return receipt at the US Post Office.* Obtain communications in writing for each step of the process.
10. Submit the completed form (if any), your written request for accommodations, and supporting documents to the Title II ADA Coordinator or designated person at the gov't entity.
11. Whatever accommodation you and the Title II ADA Coordinator agree on, you should either receive in writing, signed, or if discussed and agreed upon, put it in writing, signed and dated by both of you.
12. If you believe you have been unfairly denied a reasonable accommodation, whether because your local gov't ADA Coordinator never responded to your letter, provided an accommodation that didn't solve the problem, or claimed that no accommodation was possible without undue hardship or gave other reasons for denial, you should contact an experienced *disability discrimination attorney* for personal representation and legal help (adapted from Nolo.com <https://www.nolo.com/legal-encyclopedia/requesting-reasonable-accommodation.html>). In addition you may consider consulting with your state's disability discrimination, disability access, and disability rights agencies usually found under your state's attorney general's division; disability rights nonprofits operating within your state; and/or going to www.ada.gov and contacting an ADA Specialist to assist you with a Complaint filed with that agency, under the US Dept of Justice. The US Dept of Justice will represent the United States in this matter and will consider your complaint and negotiate on a case-by-case basis.

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- End of Directions -

Sample ADA accommodations letter format (copy and paste into new document, personalize with your own content and information):

Attn: _____, Title II ADA Coordinator

(Date)

Dear _____,

This is a request for accommodations under Title II of the Americans with Disabilities Act, as amended (2016), and all other applicable federal and state disability and medical condition discrimination laws, to avoid 4G or 5G (or any) “small cells”, cellular antennas, [or cell towers] from being placed near my home, especially in “line of sight”, and where I conduct my personal business.

I am a resident of _____ with a diagnosis of Electromagnetic Sensitivity (EMS), formerly known as “Microwave Sickness”. EMS is a disabling condition recognized by the United States Access Board since 2002, and according to multiple, recent, independent scientific studies, impacts 2-5 % of the general population, with the condition “on the increase”, thought to be due to exponentially increased levels of voluntary and involuntary (forced) exposure to unnatural, manmade electromagnetic fields such as are generated with wireless technologies. Microwave Sickness has been considered “compensable” in several workman’s compensation cases. EMS is recognized in a growing number of countries, in addition to the USA. It is cumulative and progressive *with exposures*. *The only treatment known to help is avoidance of exposures*. This is what all my physicians have recommended over the past ____ years that I have suffered with EMS. It is becoming very challenging to follow that

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recommendation with the aggressive and increased deployment of wireless in public places. As a result, I am most often home-bound (or explain) _____.

I experience the following rf radiation and other electromagnetic field-triggered and caused (EMS) symptoms, a number of which are with me permanently now, but which worsen greatly with exposures:

(list)

In addition, I have *disabling non-EMS medical conditions that are worsened with rf radiation exposures* of:

(list)

I also have non-disabling medical conditions of:

(list)

some of which are caused or worsened by exposure to rf radiation.

Under Titles II and III of the Americans with Disabilities Act, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Fair Housing Act; and the California Unruh Act, I am part of a protected disabled class with rights to accommodations. I have specific rights which I am asserting are protections the US Congress and the state of California directs the ADA and other disabilities and anti-discrimination laws noted above, to guarantee.

The World Health Organization (2015) in its International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10)-2015-WHO Version for 2015 recognizes “Exposure to Unspecified effects of radiation, including Radiation sickness”, and exposure to “radio frequency radiation” as an external cause of severe injury that can end in death. Many scientific studies and physician reports support the existence of electromagnetic sensitivity (EMS), also called electrosensitivity (ES) and electro-hypersensitivity (EHS). As noted, “Microwave Sickness” (aka EMS) is thought to have resulted from continuous rf radiation exposure, as the mechanism impacting US Embassy workers in Russia from the 1950’s – 70’s, and very recently, the US Embassy workers and families in Cuba and China.

(Further explanation of lengths one must go to, to avoid rf radiation, including place one lives and difficulty finding such a location):

(Example of additional explanation, of rf radiation levels that must be adhered to):

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RF Radiation levels must be kept at _____, or lower, for me to feel well. The interior of my home and my yard measure _____. I carry a meter to measure rf radiation and measure my environments, to try to avoid stronger exposures and reduce overall exposure to the best of my ability. RF radiation exposure causes a major flareup with progression of my electromagnetic sensitivities and exacerbates my other medical conditions, named above. In addition, my age ____ causes me to be more susceptible to rf radiation effects.

I was exposed to a 4G/5G “small cell” at _____ on _____ for _____ (period of time). I developed _____ as a result (explain further).

Small cells, in particular, if placed along the streets surrounding my home, will be too close to my home and other locations that I use to access and conduct everyday, essential activities. It will create an access barrier and “incommode” (provide severe difficulty for) my ability to use the public right-of-way, where I drive in my community to go to the stores and conduct business, like to walk (and must, for exercise), go outside to garden and enjoy the outdoors for exercise and getting sun, *as well as being able to access and live in my own home.* (Example): *The small cells could also kill me,* as (describe life threatening symptoms if any) _____ *can and do* occur from that sort of exposure.

The _____ (name of municipality) must reasonably accommodate my disabling and other medical conditions under the aforementioned disability and discrimination laws, in addition to any others that may exist though not mentioned. The _____ (municipality) can consider a variety of achievable accommodations, including denying permits for or moving existing small cell antennas to locations away from where I live, shop, and travel that are less intrusive to my disabled rights, not limited to these requests:

1. I request **immediate notification (same day or within 24 hours maximum) of any application to install wireless transmitters and/or wireless infrastructure**, requiring a permit or not, of any sort in _____ (city, state), with notification by phone message and in writing by email to _____ with notification of any applications to place small cells in Ramona, where I live, travel, work, and shop, *and*
2. Provide evidence that the plans you propose are capable of complying with accommodation protections under the ADA; Section 504 of the Rehabilitation Act of 1973, as amended; Fair Housing Act; and the California Unruh Act, and any other applicable disability discrimination laws.
3. I further request that no 4G/5G (or any “G”) “small cells”, wireless infrastructure including but not limited to antennas or cell towers, *ever* be installed within a radius of _____ feet of my

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home in _____ (full address) at the very least, in perpetuity, as long as I live there, nor any “in line of sight” anywhere from my property.

4. In addition, I request that very few or no “small cells” be installed along our main road, _____, used by me for accessing the downtown area of _____ from _____ (additional streets), where I shop and go to the doctor’s office, and _____, which I also use for vital personal business.

My EMS condition, and

are impairments that substantially limit one or more major life activities. I have a record of such an impairment, which limits one or more major life activities in a substantial way (42 U.S. Code § 12102(2)), and thus, are covered by the ADA. In addition, most of my *non-disabling medical conditions* can be exacerbated by exposures to rf radiation, according to the American Academy of Environmental Medicine (AAEM), numerous formal reviews of the scientific literature, and many hundreds(+) of independent scientific studies, and which fall under Section 504 of the Rehabilitation Act of 1973, as amended, Fair Housing Act, and the California Unruh Act.

I request all accommodations as you are required to make by the Americans with Disabilities Act as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Fair Housing Act; and the California Unruh Act, and any other pertinent federal or state anti-discrimination and/or disabilities laws.

These are *reasonable and necessary accommodations* because:

1. The presence of small cells near my home will present a life-threatening circumstance, preventing me from accessing the public right-of-way and streets, and I will have nowhere to go, will not be able to live in my home or the community, nor could I conduct vital daily activities, unless these are followed.
2. There are other options for placement of small cells and infrastructure.
3. Already, we have adequate cellular coverage and infrastructure in _____ where I live.
4. 4G/5G small cells are not necessary, either for communications or life.
5. I point out that the “small cells” infrastructure is not necessary, but is a design only for the profit of telecom companies and for use with frivolous and addictive past-times and technologies that are already negatively impacting all Americans, and *that* must not be given priority over the rights to life and death for at-risk and disabled residents.

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6. I am entitled, as a person with this disability, to have an equal life in a society based on equality. One of the most important principles to achieve this is the one about complete accessibility.

This request is placed on file in perpetuity, to be utilized if and when an application is made to install small cells or any wireless transmitters or cell towers in _____.

This request is sent to you in confidentiality in accordance with all privacy laws pertaining to my medical conditions.

Sincerely,

Signature Printed Name

Date

Email (optional)

Full Address

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