STARK COUNTY ENGINEER

ADA Complaint Request Form

For Curb Ramps and Sidewalk in the Public Road Right-of-Way

AMERICANS WITH DISABILITIES ACT OF 1990 (ADA)

PLEASE PRINT:

NAME (Mr/Mrs/Ms) _____ DATE _____

ADDRESS _____ APT _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE (_____)_____-_____ EMAIL _____

PREFERRED METHOD OF CONTACT: □PHONE □EMAIL □MAIL

DATE OF GRIEVANCE _____

LOCATION OF PROBLEM (ADDRESS OR STREET INTERSECTION) _____

_____

_____

TOWNSHIP _____

STATEMENT OF COMPLAINT OR REQUEST (SUCH AS MISSING CURB RAMP, NARROW SIDEWALK, ETC.)

_____

_____

_____

_____

WHAT ACTION ARE YOU REQUESTING? _____

_____

_____

SIGNATURE _____ DATE _____

PLEASE USE THE REVERSE SIDE OF THIS FORM OR SEPARATE SHEETS OF PAPER IF YOU WOULD LIKE TO PROVIDE ADDITIONAL INFORMATION, ATTACH A PHOTO AND/OR DRAW A SKETCH.

PLEASE SEND THIS FORM TO:

STARK COUNTY ENGINEER

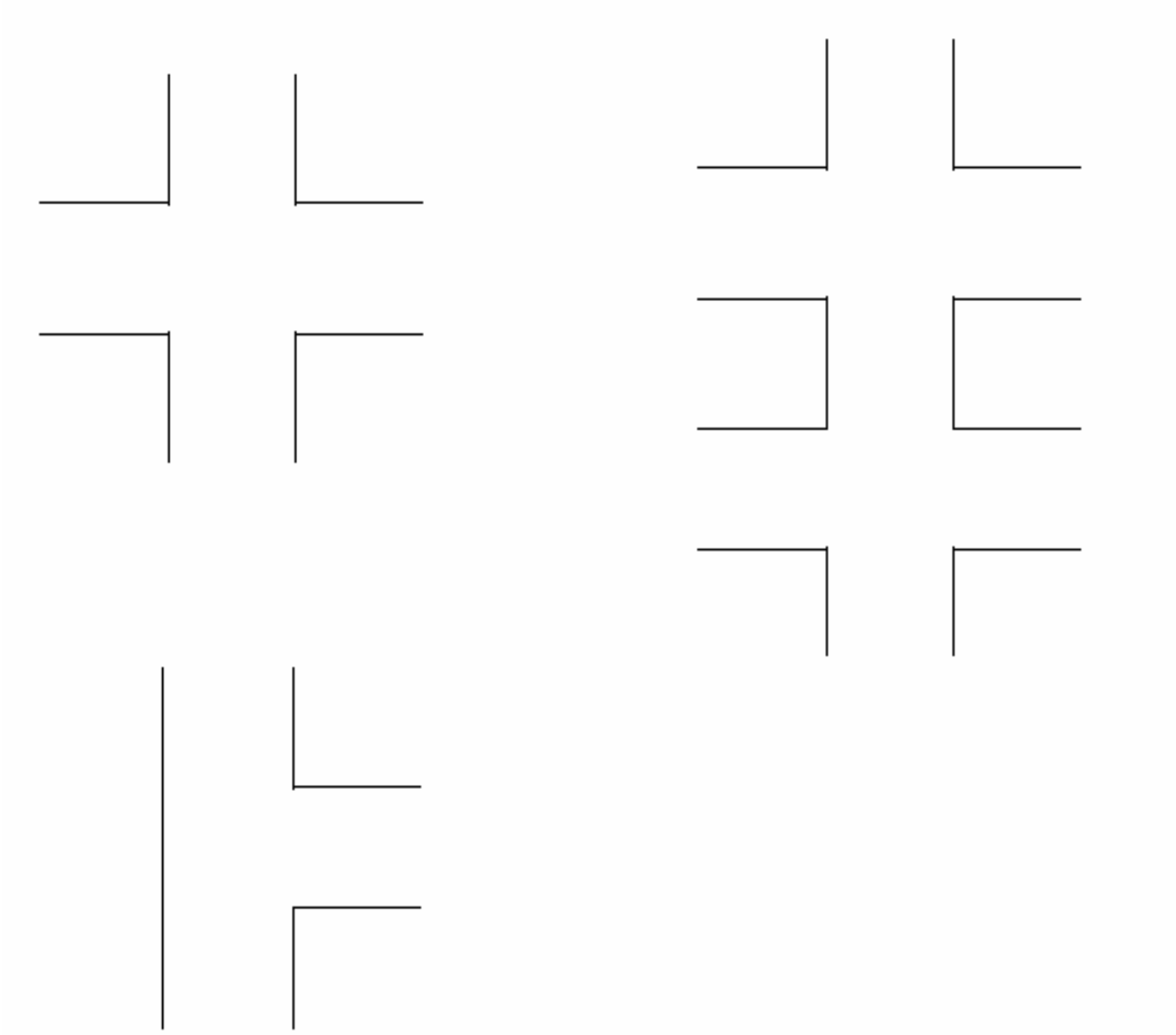
Attention: Brian A. Cole, P.E. – ADA Coordinator
5165 Southway St SW, Canton, OH 44706
bacole@starkcountyohio.gov
Phone (330) 477-6781
FAX (330) 477-3926

Thank you.
Our office will investigate your concern and contact you within 30 days.

To accommodate persons with disabilities, this form is available in alternate formats upon request.

STARK COUNTY ENGINEER

PLEASE USE ONE OF THESE SAMPLE INTERSECTION VIEWS.
PLEASE INDICATE STREET NAMES.



COMMENTS: