

ADA Grievance SAFE, Sidewalk, & Bicycle Facility Request for Service Form

Request Type:
ADA Grievance SAFE Facility Sidewalk Bicycle Facility

Scope of Request:

- A SAFE facility, Sidewalk Repair/Installation. or Bicycle facility request may be filled out by anyone who believes there is a significant gap in the pedestrian and bicycle facilities in the public right-of-way within the City of Milwaukie.
- ADA Grievance requests may be filled out by anyone who alleges noncompliance with the Americans with Disability Act accessibility standards in the public right-of-way within the City of Milwaukie. ADA Grievance requests will follow the process outlined in the ADA Grievance informational flyer located on the city's ADA Transition Plan webpage at: milwaukieoregon.gov/engineering/ada

Additional Information and Assistance

For more information on how to file a request, or if you need assistance filling out this form, please contact the Engineering Department:

Phone: 503.786.7606 Email: engineering@milwaukieoregon.gov

□ Other (Specify):

Applicant Information

□ Phone

| Name: | |
|-----------------|--|
| Address: | |
| City/State/Zip: | |
| Phone Number: | |
| Email Address: | |

Person(s) affected by noncompliance (if other than applicant)

| Name: | | | |
|---|-------------------------------------|---------------------|-------|
| Address: | | | |
| City/State/Zip: | | | |
| Phone Number: | | | |
| Email Address: | | | |
| Are you willing to be contacted regarding this request? | | □ Yes | □ No |
| Please provide your pr | eferred method for communications c | oncerning this requ | iest. |
| 🗆 Mail | 🗖 Email | | |

Location of facility

& Issue:

Include specific information, IE: address, street name, and/or distance from a landmark or street corner.

Describe the facility & issue or alleged noncompliance based on accessibility that is desired to be corrected. Explain the nature of the issue (ramp, barrier, state of disrepair, missing sidewalk, etc.) If more space is needed, attach an additional sheet of paper.

Please sign below. You may attach any additional materials that you think are relevant to your request.

Applicant Signature

Date

Submit form and any additional information to:

City of Milwaukie ATTN: ADA Coordinator 6101 SE Johnson Creek Blvd. Milwaukie, OR 97206 Telephone: 503.786.7606, Fax: 503.774.8236 Email: <u>ADACoordinator@milwaukieoregon.gov</u>