

WITHIN THE PUBLIC RIGHT OF WAY

AMERICANS WITH DISABILITIES ACT (ADA) AND TITLE 24 DISABILITY ACCESS
STANDARDS ACCOMMODATION AND COMPLAINT/GRIEVANCE FORM

This FORM is for deficiencies within the Public Right-of-Way. For all other ADA/Title 24 related issues please see the COMMUNITY DEVELOPMENT, Building & Safety Division Form.

Check One: Accommodation (Initial Request) Complaint/Grievance (Follow-up Request)

Person Responsible for Request

Contact Person for Requesting Party

Street Address & Apt. No.: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

E-mail: _____

Circle preferred Method of Contact (US Mail, telephone, e-mail, other)

Please do not contact me personally (see contact-person information above).

Please specify any location(s) related to the request:

Please provide a complete description of the specific request:

Please attach additional pages, photographs, sketches or other information as necessary.

Signature: _____ Date: _____

Name: _____

RETURN THIS FORM TO:
City of Moreno Valley
Risk Management: ADA Coordinator
14177 Frederick Street
P.O. Box 88005
Moreno Valley, CA 92552-0805

Upon request, reasonable accommodation will be provided to assist in completing this form or copies of the form will be provided in alternative formats.

Contact the ADA Coordinator at the address listed below or via telephone (951) 413-3020.