



ADA GRIEVANCE/SIDEWALK AND BICYCLE FACILITY REQUEST FOR SERVICE FORM

Request Type: ADA Grievance Sidewalk Repair/Installation Bicycle Facility

Scope of Request:

- A 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 The Dalles.
- ADA Grievance requests may be filled out by anyone who alleges noncompliance with the Americans with Disabilities Act accessibility standards in the public right-of-way within the City of The Dalles. ADA Grievance requests will follow the process outlined in the City of The Dalles ADA Transition Plan. The City of The Dalles ADA Transition Plan is available from the City of The Dalles Engineering Division at the Public Works Office.

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 City of The Dalles Engineering Division:

Phone: (541) 296-5401 Email: mbosse@ci.the-dalles.or.us

Please complete the entire form

Applicant Information

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 preferred method for communications concerning this request:

Mail Email Phone Other (Specify) _____

Location of Facility and Issue: _____
Include specific information, IE: address, street name, and/or nearest intersection.

Describe the facility and 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 The Dalles Public Works
ATTN: ADA Coordinator
1215 West First Street
The Dalles, OR 97058
Telephone: (541) 296-5401
Email: mbosse@ci.the-dalles.or.us

CITY USE ONLY

ADA File # _____

Action	By	Date
Received		
Reviewed		
Response		
Resolution		