



# ADA Request for Accommodation Form Public Rights of Way

## 1. CONTACT INFORMATION - Please provide us with contact information for the person making the request.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you completing the form for someone else?

Your Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Your Phone: \_\_\_\_\_ Your Email: \_\_\_\_\_

## 2. LOCATION FOR REQUESTED ACCOMODATION (Provide Address or Street Intersection)

Location: \_\_\_\_\_

## 3. DESCRIPTION OF REQUEST FOR ACCOMMODATION

Please describe as completely as possible the Rights of Way concern you are reporting, type of accommodation you are requesting and any related safety concerns. Please be specific.

Curb Ramp (missing or inadequate)  Sidewalk Barrier  State of disrepair   
Signal Push Buttons  Audible Signal  Crosswalk  Safety/Other

If preferred, this form may be printed and mailed to: Marion County Public Works, Attn: ADA Request  
5155 Silverton Rd, NE, Salem OR, 97305. OR Emailed to: PWADA@co.marion.or.us. For assistance call  
503-588-5036. THANK YOU FOR MAKING MARION COUNTY A BETTER PLACE TO LIVE