

City of Arlington, Texas

ADA Curb Ramps and Sidewalks Request Form

The purpose of this form is to gather data to assist in the establishment of a priority list of locations in which to install accessibility features. Implementation of the request(s) will be in accordance with the City's Policy and Process for Applicants, Citizens, and Customers for All ADA-Related Complaints or Requests for Accommodation, Including Pedestrian Facility Access. Requests will be considered as they are received.

Date Submitted: _____

REQUESTOR'S CONTACT INFORMATION:

Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

REQUEST DETAILS:

Is this a request for a (check all that apply):

curb ramp(s) sidewalk installation sidewalk repair

Describe the location of the needed work: _____

Street Address of Adjacent Lot: _____

Nearest Intersecting Street: _____

Additional information: _____

How will this curb ramp or sidewalk address your need for accessibility? _____

Office Use only: _____

Date Received: _____ Date Acknowledgement sent: _____

ADA # for Tracking: _____

Please submit this form/the information on this form to:

ADA Coordinator, Department of Public Works and Transportation, 101 W. Abram St., Arlington, Texas 76010