



# City of Medford

## Americans with Disabilities Act ADA Coordinator's Office

### CITY OF MEDFORD, OREGON SIDEWALK AND CURB RAMP REQUEST FORM

**PLEASE DESCRIBE THE LOCATION OF REQUESTED SIDEWALK OR CURB RAMP:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOES THE LOCATION PROVIDE ACCESS TO PUBLIC, COMMERCIAL, MEDICAL, PROFESSIONAL, EDUCATIONAL, OR RECREATIONAL SERVICES / FACILITIES? PLEASE CHECK APPLICABLE AND EXPLAIN THE CONERN:**

Public \_\_\_\_\_  
 Professional \_\_\_\_\_  
 Medical \_\_\_\_\_  
 Commercial \_\_\_\_\_  
 Educational \_\_\_\_\_  
 Recreational \_\_\_\_\_

**DOES THE LOCATION PROVIDE ACCESS TO PUBLIC TRANSPORTATION?**

Yes  No

**IS THE LOCATION AT A PEDESTRIAN CROSSING?**

Yes  No

**DOES THE LOCATION COMPLETE AN INTERSECTION WHERE EXISTING SIDEWALKS AND CURB RAMPS ARE LOCATED?**

Yes  No

**PERSON MAKING REQUEST:**

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

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

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

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

*Continuous Improvement ~ Customer Service*

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