



AMERICANS WITH DISABILITIES ACT NOTICE OF CONCERN
For the Public Right-of-Way (ie. Streets, Intersections, Sidewalks, Paved Paths)

1. Individuals Information:

Date concern filed with the City: _____

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone #: _____

Email Address: _____

2. Concern Information:

Date problem encountered: _____ Do you have a disability? _____

Describe the disability: _____

Location problem occurred: _____

Which City Department?: _____

Describe the Problem: _____

3. Resolution

What resolution or accommodation are you seeking? _____

Please submit this Notice of Concern to Erin Fisher, Public Works Planning Manager at Erin.Fisher@harrisonburgva.gov or drop the Notice of Concern off at the Public Works Department, 320 East Mosby Road. You may call the Public Works Department at 540-434-5928 and verbally relay the information requested on the form, if needed.