



## 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 Jakob zumFelde, Public Works Planning Manager at [Jakob.zumFelde@harrisonburgva.gov](mailto:Jakob.zumFelde@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.