



**WHEN COMPLETE, RETURN TO:**  
City of Sedona  
Engineering Services  
102 Roadrunner Drive  
Sedona, AZ 86336

Phone: (928) 204-7111  
Fax: (928) 282-4358  
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## **Sidewalk/Curb Cut Complaint Or Assistance Request Form**

*Please be advised that this form is a matter of public record and will be disclosed upon request.*

1. List the name of street/intersection believed to be in violation of the Americans with Disabilities Rules and Regulations. Please give exact street locations. For example, the street address or intersection with cross street. (Use a separate form for each street/intersection.)

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

2. Is the sidewalk(s) or curb(s) currently under construction, repair or reconstruction?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

Have the sidewalk(s) or curb(s) been repaired, reconstructed or constructed?

\_\_\_\_\_ YES      \_\_\_\_\_ NO      WHEN: \_\_\_\_\_

3. Please check the following items which you believe are in violation:

### Curb Cuts and Ramps

\_\_\_\_\_ Curb cuts are not provided where an accessible route crosses a curb.

\_\_\_\_\_ Curb cut is not provided at each corner of intersection, located within the crosswalk and/or the pedestrian path of travel.

\_\_\_\_\_ Curb cut is not perpendicular to the curb at street crossings and/or does not have a level landing at the top.

\_\_\_\_\_ At marked crossings, the bottom of the ramp run, exclusive of flared sides, is not contained within the marked crossing.

\_\_\_\_\_ Curb cuts or sidewalks are being constructed or reconstructed on one side of the street, and curb cuts are not provided on the opposite side of the street.

\_\_\_\_\_ Curb cuts are not provided at driveways intersecting sidewalks when the driveway has side curbs.

- \_\_\_\_\_ Raised island in crossing is not cut through level with the street and/or does not have curb cuts at both sides and a level area at least 48 inches long between the curb cuts in the part of the island intersected by the crossings.
- \_\_\_\_\_ Curb cuts are obstructed by parked vehicles.
- \_\_\_\_\_ Maximum slope exceeds 1:12 (8.3%).
- \_\_\_\_\_ Transition from curb cut to walk, gutter or street is greater than ½ inch high.
- \_\_\_\_\_ Grading and drainage are not designed to minimize water pooling, ice accumulation or water flowing at the bottom of the curb cut.
- \_\_\_\_\_ Minimum width of a curb cut is less than 36 inches, exclusive of flared sides.
- \_\_\_\_\_ A landing at the top of the curb cut is not 48 inches in length. The slope of said landing exceeds 1:50 (2%) in any direction.
- \_\_\_\_\_ Sides of curb cuts are less than 24 inches at the curb. Maximum flare slope exceeds 1:10 (10%).
- \_\_\_\_\_ Curb cuts with returned sides are provided and are not protected by handrails, street furniture or landscaping.
- \_\_\_\_\_ Cross-slope of sidewalk exceeds 1:50 (2%).
- \_\_\_\_\_ Built-up curb cut is provided which projects into vehicular traffic lanes.

#### Crosswalks

- \_\_\_\_\_ Cross-slope exceeds 1:50 (2%).
- \_\_\_\_\_ Maximum longitudinal slope exceeds 1:12 (8.33%).

#### Pedestrian Street Crossing Controls (if provided)

- \_\_\_\_\_ Controls are not raised from or flush with their housings and/or are not a minimum of two inches in the smallest dimension.
- \_\_\_\_\_ Force required to activate controls exceeds 5 ft-lb.
- \_\_\_\_\_ Controls are not located as close as practicable to the curb cut serving the controlled crossing and/or do not permit operation from a clear ground space.
- \_\_\_\_\_ Pedestrian-actuated controls are not at maximum of 42 inches above sidewalk.

\_\_\_\_\_A stable and firm area, complying with Forward Reach or Side Reach, is not provided at the controls.

\_\_\_\_\_Where a parallel approach is provided, controls are not within ten inches horizontally of and/or are not centered on the clear ground space. Where a forward approach is provided, controls do not abut and/or are not centered on the clear ground space.

4. What was the most recent date you observed the violation?

\_\_\_\_\_

5. Name and address of person/organization filing this complaint:

\_\_\_\_\_

\_\_\_\_\_

Telephone:\_\_\_\_\_

If organization is filing, please provide name of contact person.

6. SIGNATURE: (Form must be signed by an individual.)

\_\_\_\_\_ DATE \_\_\_\_\_

7. RECEIVED BY:

\_\_\_\_\_ DATE \_\_\_\_\_

TIME:\_\_\_\_\_