

SAFE SIDEWALKS LA

Access Request Form

The Access Request Program makes repairs requested by/for people with a mobility disability who encounter physical barriers such as broken sidewalks, missing/broken curb ramps or other barriers in the public right of way.

Please submit a separate form for each address.

1. Location of Access Barrier

An Access Barrier shall pertain to any of the following:

- a) Missing/outdated curb ramps or curb ramps with lips;
- b) Damage caused by tree roots to sidewalk or walkway surfaces so that the sidewalk or walkway surfaces are made not accessible to or not usable by persons with Mobility Disabilities;
- c) Broken and/or uneven pavement in the pedestrian right of way (including utility covers and repair covers) deeper and/or wider than 1/2 inch;
- d) Vertical or horizontal displacement or upheaval of the sidewalk or existing crosswalk surface greater than 1/2 inch (including sidewalk flags, curbs and utility covers);
- e) Non-compliant cross slopes (greater than 2%) in sidewalks or sections of sidewalks;
- f) Protruding and overhanging objects and/or obstructions that narrow pedestrian rights of way to less than 4 feet of accessible width;
- g) Any pedestrian rights of way and sections that does not provide 4 feet of accessible width, particularly to the entrances of public bus shelters;
- h) Excessive gutter slopes at the bottom of curb ramps leading into crosswalks;
- i) Tree wells that do not have tree grates or other compliant remediation;
- j) Missing utility covers where such covers are missing from sidewalks, crosswalks or pathways; and
- k) Other non-compliant conditions.

Enter Street Address or intersection of nearest Access Barrier (for example.: "14410 Sylvan St" or "Sunset Blvd / Vermont Ave").

Location of Access Barrier: _____

2. Contact Information

Enter the requester's contact information

First Name: _____ Last Name: _____

Email: _____ Telephone: _____

Please provide email address if you would like to receive email updates on the progress of this ticket.

Please provide your best daytime contact telephone number.

Street Address & Apt. No.: _____

City: _____ State: _____ Zip: _____

We may contact you throughout the process to obtain additional information.

3. Sidewalk Access Request Program Application:

The Access Request Program is designated for persons with a Mobility Disability as well as those submitting requests on behalf of someone with a Mobility Disability. The Department on Disability will likely contact the requester and/or the person with a Mobility Disability to gather additional information and to ensure that the Program's rules are followed.

Mobility Disability or Mobility Disabilities means any impairment or medical condition that limits a person's ability to walk, ambulate, maneuver around objects, or to ascend or descend steps or slopes. A person with a Mobility Disability may or may not use a wheelchair, scooter, electric personal assisted mobility device, crutches, walker, cane, brace, orthopedic device, or similar equipment or device to assist her or his navigation along the pedestrian right of way including sidewalks, curbs, crosswalks, and pathways to City of Los Angeles buildings, parks and other City owned facilities open to the public, or may be semi-ambulatory.

a) Are you a person with a Mobility Disability, or are you requesting on behalf of someone with a Mobility Disability? *Check one box only.*

I am a person with a Mobility Disability

I am requesting on behalf of someone with a Mobility Disability

i. First Name: _____

Last Name: _____

ii. Relationship: _____

Please describe their relationship to you (for example: parent, sister, brother, spouse, friend, employer, lawyer, etc.).

Neither

b) What method of communication do you prefer to receive the City's follow up questions and updates related to this Access request? *Check one box only.*

Email: _____

Please provide your primary email address.

Telephone (Voice): _____

Please provide your best daytime contact telephone number.

Telephone (TTY): _____

Please provide your best daytime TTY contact telephone number.

Telephone (Video): _____
Please provide your best daytime Video contact telephone number

Standard Mail
Please provide your mailing address.

Street Address & Apt. No.: _____

City: _____ State: _____ Zip: _____

c) What type of Access Barrier are you requesting to be removed?

If there are multiple Access Barriers within a one block segment, there is no need to submit multiple requests, simply choose the primary concern, as we will investigate the entire block length on the specified side of the street. Requests to remove additional Access Barriers outside of the one-block segment, or on the other side of the street, must be requested as a separate service request.

Check one box only.

Fix Cracked/Broken Sidewalk *(where sidewalk is uneven / uplifted / damaged from tree roots or excessive deterioration, etc.)*

Fix Existing Curb Ramp *(where curb ramp is broken / too steep / too narrow / has a lip where the curb ramp meets the roadway, etc.)*

Install Curb Ramp *(where curb ramp is necessary but not present)*

Remove Sidewalk Barrier *(where pathway is narrowed or blocked by bus shelters / tree wells / other objects, etc.)*

Fix Existing Crosswalk *(where crosswalk needs to be repaved / restriped)*

Other: _____

d) Location and Brief Description of the Request *Please provide enough detailed information to identify the specific location and nature of the Access Barrier. Please include a photo of the Access Barrier if available.*

4. Additional Information

Comments: *Please provide any additional information that you think would be helpful.*

Terms and Conditions

I hereby agree and attest that the information provided is accurate and true. I agree to grant authority here by my handwritten signature for the purposes of validity, enforceability and admissibility.

Requestor's Signature: _____ Date: _____

This form is also available in alternate accessible formats upon request by:

- Telephone (Voice): (213) 202-2764
- Telephone (TTY): (213) 202-3452
- Email: dod.srpar@lacity.org
- Standard Mail: Department on Disability
201 North Figueroa Street, Suite 100
Los Angeles, CA 90012