



DEPARTMENT OF PUBLIC WORKS

CITY OF NEW ORLEANS

ACCESSIBILITY RESOLUTION FORM

If you submitted an accommodation request without resolution and believe your claim is the subject of disability-related discrimination on the basis of denial of access, please fill out an Accessibility Resolution Form below. For more information, please see Appendix H in the City of New Orleans ADA Transition Plan for Public Rights-of-Way Update.

DPW will investigate further and prepare a written decision, after full consideration of the merits of the complaint, no later than 60 days following the receipt of the Accessibility Resolution Form. The written decision will be mailed directly to the contact name and address provided on the Accessibility Resolution Form.

As needed, please visit DPW at 1300 Perdido St, Rm 6W03; or call DPW at 504-658-800; or email accessibility@nola.gov for reasonable accommodations to complete this form.

Name: _____

Address, City, State, Zip: _____

Phone #: _____

Email: _____

Preferred Method of Contact: Phone Email

Have you filed a request on 311? Yes No

If yes, what is the 311 Service Request Number? _____

Please provide a description of your complaint along with the date of the original request filed with the City of New Orleans:

Please specify the location of your complaint: _____

Please state what you think should be done to resolve the complaint:

Are you the property owner of the location? Yes No

If no, owner name: _____

Owner phone (if known): _____

Owner address (if known): _____

Electronic signature of complainant: _____

1300 PERDIDO STREET | SUITE 6W03 | NEW ORLEANS, LOUISIANA | 70112
PHONE 504-658-8000 | FAX 504-658-8007

