

DATE: _____

of Pages Being Faxed _____

(Including this sheet)

TO: Disability and Communication Access Board (Fax number 586-8129)

FROM: _____

FIRM: _____

PHONE: _____

FAX: _____

SUBJ: REQUEST FOR TECHNICAL ASSISTANCE ON FACILITY ACCESS/DESIGN

The information that you receive is not legal advice. It is merely informal guidance that will not be given in writing. The technical information does not constitute a determination by the Disability and Communication Access Board of your rights or responsibilities and is not binding on this agency. Fill in all applicable information to expedite the response. A response can usually be provided within 2-3 working days.

- Project Ownership: ___ State/County ___ Federal ___ Private or Non-Profit
- Project Funding: ___ State/County ___ Federal ___ Private
- Project Type: ___ New construction ___ Addition ___ Alteration
- Other: ___ Historic ___ Transition Plan ___ Religious
- ___ Per Legal Settlement ___ ABR

• Type of building, facility, or site? _____
(e.g.: office, restaurant, library, church, classroom, auditorium, playground, park, apartment bldg., etc.)

• DCAB Project Number and Project Name, if applicable: _____

• This question relates to design criteria under the:

___ Americans with Disabilities Act Accessibility Guidelines (ADAAG) issued by the U.S. Access Board

___ ADAAG for Building Elements Designed for Children’s Use

___ ADAAG for State/Local Government Facilities

___ Residential Housing Accessibility Guidelines issued by the State Disability & Communication Access Board

___ Uniform Federal Accessibility Standards (UFAS) issued by the U.S. Access Board

___ Fair Housing Amendments Act Accessibility Guidelines issued by the U.S. Dept. of Housing & Urban Development

___ Others _____

- Please cite the appropriate section(s) of the design guidelines or standards on which you are requesting information. Attach any sketches/drawings which may clarify the question.

Section: _____

Question: