

ADA Notification Procedure

Instructions: Please fill out this form completely. Name and contact information must be provided **Please note that this ADA notification procedure is for facilities, services and programs owned and/or operated by the City of Port Huron.**

Sign and return the completed form as follows:

By mail: ADA Coordinator
c/o Port Huron City Clerk
100 McMorran Blvd.
Port Huron, MI 48060

By fax: (810) 982-7872

By email: clerk@porthuron.org

Questions: If you have questions about this form, need an accommodation or a require a different format, please contact the City Clerk’s office at (810) 984-9725 Ext. 0 or send an email to clerk@porthuron.org.

Response: Please allow us 30 business days to investigate and respond to your complaint.

NOTIFICATION INFORMATION

Complainant’s name: _____

Address: _____
Street Address City/State/Zip

Contact numbers: _____
Home Work Mobile

Email address (if available): _____

Do you require an alternative format for any written follow-up communications: (If yes, please indicate alternative format): _____

Issue or reason for grievance/complaint, or why you feel you have been discriminated against. Please be specific and provide as much information as possible (i.e. location, date, time, names, etc.). Use a separate sheet if more space is needed.

Your signature _____

Date: _____