

Americans with Disabilities Act
Survey for Organizations Representing Individuals with Disabilities
City of Morganton, NC

The City of Morganton is currently reviewing our facilities, program, and services in order to assess and enhance access for individuals with disabilities. We are asking for your input.

Name of the Organization: _____
Contact Person: _____ **Address:** _____
Title: _____
Date: _____
Phone: _____
Name of person completing this form: _____
Name of the ADA Coordinator(s) for your organization: _____

The following questions have been developed to solicit help from organizations and advocacy agencies for the City of Morganton's efforts to provide services and accommodations for individuals with disabilities, and to ask for input regarding how programs, services, and activities can be more accessible for individuals with disabilities. Please answer the following:

1. Are there specific issues or problems regarding access for individuals with disabilities to any of the programs, services or activities provided by the City of Morganton?

2. What general guidance, advice, assistance or resources could your organization provide to the City of Morganton to be more hospitable to individuals with disabilities in its programs, services, and activities?

3. What do you feel should be the highest priority of the City of Morganton to improve accessibility for individuals with disabilities?

Please add any additional comments below or attach any additional documents.

Thank you for your input.

Please return this survey to the City of Morganton, Attn: Andy Smith, P.O. Box 3448, Morganton, NC 28680. Comments can also be made by email to asmith@morgantonnc.gov or by phone to (828) 438-5279 or fax to (828) 432-2670.