



**Office of the Attorney General Policies and Procedures Form 3.10
Notification of Compliance/Non-Compliance in accordance with the ADA Accessibility Guidelines**

NAME OF FACILITY: _____

LOCATION: _____

TYPE OF FACILITY: _____

YEAR FACILITY WAS BUILT: _____

NAME OF CONTACT PERSON: _____

TELEPHONE NO. _____

DATE OF NOTIFICATION: _____

To the owner/operator of this facility:

This facility was inspected on _____ by _____ in connection with
 A complaint by person with disability relative to the accessibility of this facility

Attached is a copy of results of the inspection using a checklist which has recommendations on how to be in compliance with the standards of the ADA Accessibility Guidelines (ADAAG). Specific ADAAG references are specified in the checklist). Overall, the inspection on the following specific areas yielded the results shown below.

Area inspected	Status of Compliance	Period of compliance	Date of re-inspection
1. Parking Area	<input type="checkbox"/> Not compliant <input type="checkbox"/> Compliant	_____	_____
2. Entry including ramp	<input type="checkbox"/> Not compliant <input type="checkbox"/> Compliant	_____	_____
3. Path of travel	<input type="checkbox"/> Not compliant <input type="checkbox"/> Compliant	_____	_____
4. Accessible restroom	<input type="checkbox"/> Not compliant <input type="checkbox"/> Compliant	_____	_____
5. Service counter	<input type="checkbox"/> Not compliant <input type="checkbox"/> Compliant	_____	_____

At the end of the compliance period, the ADA Coordinator will conduct re-inspection according to the date(s) specified. Failure to comply will result in the submission of a formal report of non-compliance to the US Department of Justice). If you have any questions regarding the scheduling of a follow-up inspection please contact me at telephone number 475-3324 ext.5020, or e-mail: ccharfauros@guamag.org.

**CARLINA CHARFAUROS
Office of the Attorney General ADA Coordinator**