



**Policies and Procedures Form 4.10 Compliance Inspection Form**  
**Notification to conduct facilities compliance inspection in accordance with the ADA**

NAME OF FACILITY: \_\_\_\_\_

LOCATION: \_\_\_\_\_

TYPE OF FACILITY: \_\_\_\_\_

YEAR FACILITY WAS BUILT: \_\_\_\_\_

NAME OF CONTACT PERSON: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

DATE OF INSPECTION: \_\_\_\_\_

To the owner/operator of this facility:

The inspection of your facility is part of the Government of Guam's commitment to implement the provisions of (1) Guam Public Law 24-16 relative to "...compliance of all public and private entities consistent with applicable local and federal statutes pertaining to individuals with disabilities" and (2) the Americans with Disabilities Act Amendments Act, Titles II and III. Today's inspection is

- Initiated by a complaint from a person with disability relative to the accessibility of this facility

A copy of the results of the inspection will be provided to you, along with recommendations on how to be in compliance with the standards of the ADA Accessibility Guidelines. You will be afforded a reasonable period of compliance, after which the Office of the Attorney General will conduct a re-inspection to verify compliance. 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 inspection or the Americans with Disabilities Act, please contact me at telephone number 475-3324 ext. 5020 or at my e-mail address at [ccharfauros@guamag.org](mailto:ccharfauros@guamag.org)

**Carlina Charfauros**  
**Office of the Attorney General ADA Coordinator**

**Acknowledgement of Notification**

*By my signature below, I acknowledge that I have read and understood the contents of this notification.*

\_\_\_\_\_  
*Facility Manager/Contact Person*

\_\_\_\_\_  
*Date signed*