



# AMERICANS WITH DISABILITIES ACT PUBLIC ACCESSIBILITY SURVEY CITY OF ST. MARYS

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Date Completed: \_\_\_\_\_

## **Optional Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

The Americans with Disabilities Act mandates that every public entity re-evaluate its current programs, services and policies to determine whether they are in compliance with Title II regulations. The City of St. Marys is committed to establishing and maintaining an accessible community in order for all of our citizens to enjoy the benefits of our programs, services, and activities. This survey will assist the City in meeting this goal. Please answer the following questions and provide any additional comments to clarify your answers in the spaces provided.

1. Please pick the below option that best describes you:

- Employee
- Contractor
- Visitor
- Participant in a City Program, Service, or Activity
- Other: \_\_\_\_\_

2. Programs or activities in which you participate:

- Meetings (Such as Council Meetings, Public Hearings, etc.)
- Classes (Such as St. Marys 101)
- Work (Such as Employee, Volunteer, etc.)
- Recreation (Such as Aquatic Center, Waterfront Park, etc.)
- Other: \_\_\_\_\_

3. Have you ever requested an accommodation for a disability from the City?

Yes

No

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Have you ever experienced any external barriers, non-accessible areas or programs such as no accessible parking spaces, difficulty accessing a City facility, steep or missing ramps, etc.?

Yes

No

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Have you experienced any internal barriers, non-accessible areas or programs inside of a City facility, such as narrow doorways, hallway blockages, lack of assistive devices, missing or inadequate signage, etc.?

Yes

No

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Are you aware of any areas, programs, services, or activities that are not accessible to individuals with disabilities?

Yes

No

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Is there adequate directional and/or informational signage provided at City facilities?

Yes

No

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Do you know who to contact to request accommodations for yourself, a relative, or a friend with a disability?

Yes

No

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Has it been your experience that the City of St. Marys has been helpful and supportive in accommodating individuals with disabilities?

Yes

No

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send the completed survey to the address below, fax to 888-298-2251, or email to [donna.folsom@stmarysga.gov](mailto:donna.folsom@stmarysga.gov).

City of St. Marys  
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