

# ADA Questionnaire

Please fill out the following form to request a quote for an ADA (Americans with Disabilities Act) Evaluation or Inspection of your business or property:

Please fill out the entire form before submission. Thank you.

**Phone: 888-760-3853**

Email: [info@adasolutionsgroup.com](mailto:info@adasolutionsgroup.com)

Full Name **(required):**

Email Address **(required)**

Phone Number **(required)**

Property Address **(required):**

Relationship to Property/Business **(required):**

- Property Owner
- Business Owner
- Tenant
- Property Manager
- Business Operator
- Attorney for Owner
- Attorney for Operator

Type of Occupancy **(required):**

- Restaurant
- Retail Store
- State Agency
- Gas Station
- Office Space
- Hotel
- Auto Body Shop
- Apartment
- Other (Please Specify): \_\_\_\_\_

Scope of Evaluation Needed **(required):**

- Both, Interior and Exterior (Highly recommended and the most cost-efficient)
- Exterior
- Interior (Interior includes all common areas open to the public, only)
- Other (Please specify the areas that need to be evaluated): \_\_\_\_\_

Square Footage of Property

Number of Restrooms:

How Many Floors:

Number of Elevators:

Number of Staircases:

Number of Public Parking Spaces:

Number of Disabled Parking Spaces:

Proposal Made Out To:  Personal  Business

Name of Business:

Was There A Lawsuit Filed?  Yes  No

Case Number If A Lawsuit Was Filed

**HOTELS / MOTELS:**

Number of Common Area Restrooms:

Common Breakfast Area  Yes  No

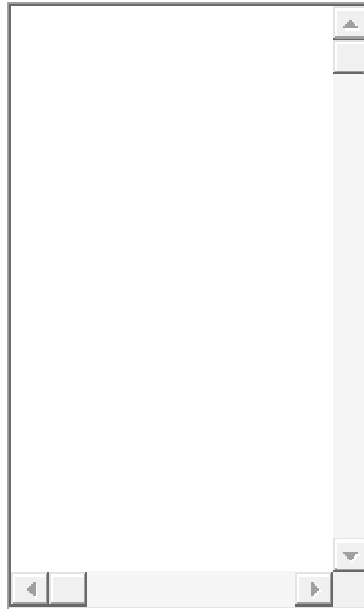
Pool  Yes  No

Number of Rooms:

Number of Accessible Rooms:

Number of Public Parking Spaces:

Number of Disabled Parking Spaces:



Notes:

Submit