



Limited Right of Way Ombudsman Inquiry Form

Thank you for your interest in the Virginia Department of Transportation’s LIMITED Right of Way Ombudsman program administered through the VDOT Assurance and Compliance Office (“ACO”). The mission of the Ombudsman is to provide independent and objective review of limited VDOT Right of Way actions, specific to Eminent Domain, impacting constituents of the Commonwealth of Virginia. Please use this form to detail any documents, records and/or information that you believe may assist ACO in the review of your inquiry. Please submit your information to the following:

VDOT RIGHT OF WAY OMBUDSMAN CONTACT INFORMATION

Virginia Department of Transportation
Bradley W. Gales, Director
Assurance and Compliance Office
1401 East Broad Street
Richmond, Virginia 23219
Bradley.Gales@VDOT.virginia.gov
Office Number: (804) 786-2825
Facsimile Number: (804) 786-2487

YOUR CONTACT INFORMATION

Name: _____
Last Name First Name M. I. Suffix
 Mr. Mrs. Ms.

Address: _____
Street City State Zip Code

Telephone No.: _____
Area Code + Home Area Code + Work Area Code + Cell

PROPERTY LOCATION

Please provide details of the disputed property location. i.e., address, legal description, parcel #, plat #, VDOT/Federal project number etc.

REQUESTED ACTION

What action(s) relating to Eminent Domain would you like the Ombudsman to review?



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NOTE: The scope of assistance provided by the Ombudsman excludes the following Right of Way processes:

- Just Compensation
- Relocation Assistance Appeals
- Civil Rights

REQUESTED RESOLUTION OR OUTCOME

What outcome or resolution are you requesting?

COMPLAINT

Please provide a summary of the problem/dispute and attach any documents necessary to support the review.

I understand and agree that a copy of this form and any or all of the enclosed information may be provided to the party complained against, other regulated entities, or the appropriate state or federal agency. I also agree that by signing this form I authorize the Right of Way Ombudsman to obtain any information required to evaluate my complaint.

Date: _____

Signature: _____