

Appendix I: Accessible Pedestrian Signal and Curb Ramp Request Form

ACCESSIBLE PEDESTRIAN SIGNAL AND CURB RAMP REQUEST FORM

The Oklahoma Department of Transportation (ODOT) ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered by ODOT, its recipients, sub-recipients, and contractors.



Date of Filing: _____
Name: _____
Address: _____
City, State, Zip Code: _____
Work Phone: _____
Home Phone: _____
Email Address: _____

*Oklahoma Department of Transportation
Civil Rights Division
200 N.E. 21st Street, Room 1-C1
Oklahoma City, OK. 73105-3204
Office: 405-521-4140
Fax: 405-522-4895
Email: ODOT-ada-titlevi@odot.org*

LOCATION OF REQUESTED MODIFICATIONS:

APS Curb Ramp

City / Town: _____ County: _____
Address: _____ Highway / Street: _____
Other Description: _____

Please provide a detailed description of how and why you believe this area to be inaccessible. Provide as much detailed information as possible. You may include sketches, pictures, etc. Attach additional pages as necessary.

Please provide information on what you believe should be done to provide access to this location. Provide as much detailed information as possible. You may include sketches, pictures, etc. Attach additional pages as necessary.

Have you filed or do you intend to file a request on this location with any other agencies (Federal, State, or Local)?

If so, please provide the following information:

Agency Name: _____

Address: _____

Name of Investigator: _____

Phone Number: _____

Email Address: _____

Date Filed: _____

Status of Complaint: _____

Please attached and/or provide any additional information that might be useful in processing your request.

The request form must be submitted to the Oklahoma Department of Transportation's Civil Rights Division. If you require any assistance in filling out this form, please contact the ADA/504/508 Coordinator at 405-521-4140.

Signature

Date