



REQUEST FOR SPECIAL ACCOMMODATION
REMOVAL OF PHYSICAL BARRIERS TO ACCESSIBILITY

Personal Information

NAME: _____			
	Last	First	MI
ADDRESS: _____	CITY: _____	STATE: _____	
ZIP: _____	PHONE: (_____) _____ - _____	EMAIL: _____	

Organization (if any)

NAME: _____			
ADDRESS: _____	CITY: _____	STATE: _____	
ZIP: _____	PHONE: (_____) _____ - _____	EMAIL: _____	

Location of Physical Barrier

CITY: _____	HIGHWAY / INTERSTATE #: _____
STREET INTERSECTION: _____	
NEARBY LANDMARKS OR BUSINESSES:	

Concern

Recommendation

Please describe any physical barriers to accessibility: _____ _____ _____ _____ _____	Please recommend any accommodations: _____ _____ _____ _____ _____
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Mail to: Department of Transportation
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