

REQUEST FOR THE INSTALLATION OF ACCESSIBLE PEDESTRIAN SIGNALS FORM

Requesting Party's Name:

(Blind or visually impaired pedestrian)

Address: _____ City: _____

State: _____ Zip Code: _____

Telephone (Home): _____ Telephone (Work): _____

I request that the Delaware Department of Transportation install Accessible Pedestrian Signals (APS) to cross the **NORTH** **SOUTH** **EAST** **WEST** (check all that apply) side of _____ (Route Number/Street Name) where it crosses _____ (Route Number/Street Name) in _____ (city, town, or county).

Please describe the difficulty you have in crossing:

Please call DeIDOT at 1-302-760-2048 with questions, or to seek assistance in filling out the form and/or mail form to:

DeIDOT ADA Title II/Section 504 Coordinator

ATTN: Todd Webb
P.O. Box 778

Dover, DE 19903

E-mail: DOT.ADARequest@state.de.us

For Office Use Only

Date Received: _____ Received by: _____