



## CDOT CURB RAMP REQUEST INTAKE FORM

PERSON OR ENTITY MAKING REQUEST

Name:

Address:

City/Town:

State:

Zip Code:

Phone #:

Email (if any):

Affiliation (if any):

How would you best like to be reached?

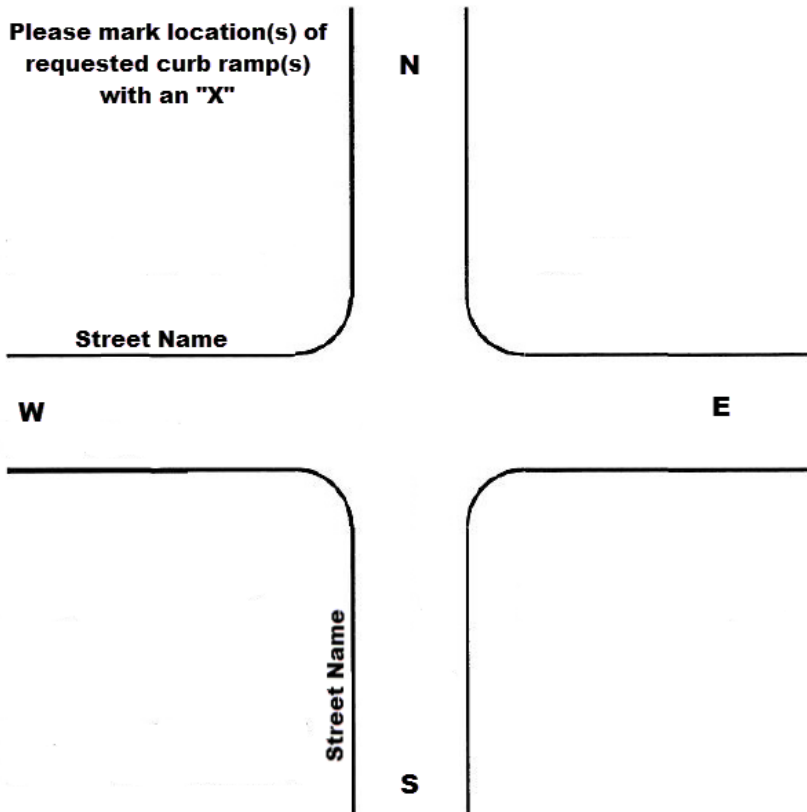
Mail

Email

Phone

Please mark location(s) of requested curb ramp(s) with an "X"

Comments:



Contact CDOT with questions or mail/e-mail this form to:

**CDOT Civil Rights & Business Resource Center**  
Attn: Greg Martinez (303-512-4142)  
4201 East Arkansas Avenue, Room 150  
Denver, Colorado 80222  
email: [greg.martinez@state.co.us](mailto:greg.martinez@state.co.us)

Received by:

Date:

Date Region/Municipality Notified:

Region Contact Name & Phone: