



## 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):

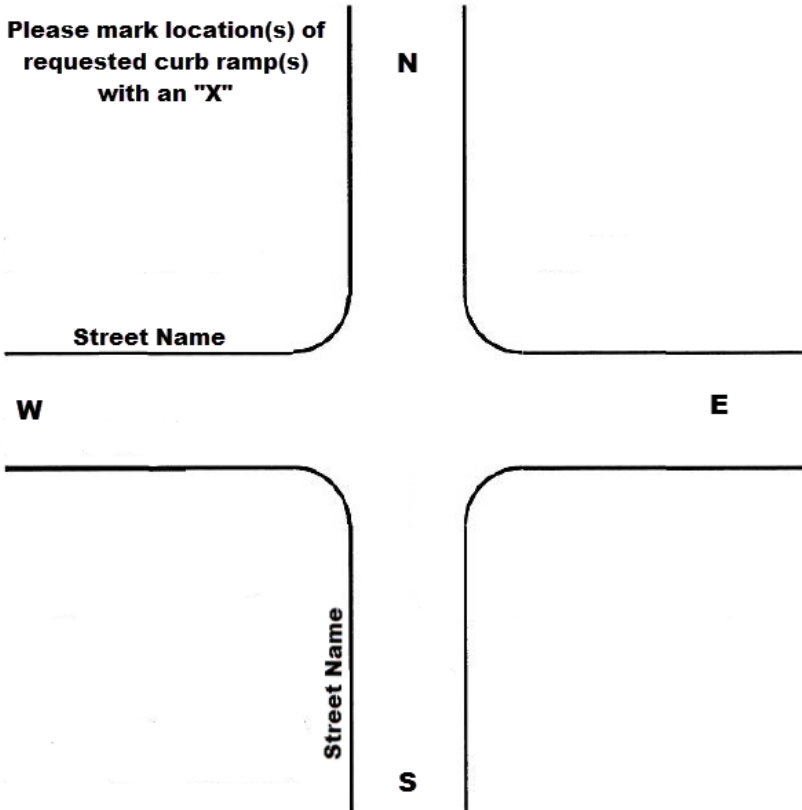
How would you best like to be reached?

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**  
2829 W. Howard Pl., Suite 139  
Denver, Colorado 80204  
Email: [dot\\_civilrights@state.co.us](mailto:dot_civilrights@state.co.us)  
Phone: 303-757-9234

Received by:

Date:

Date Region/Municipality Notified:

Region Contact Name & Phone: