



## 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"

N

Comments:

Street Name

W

E

Street Name

S

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: