

FLORIDA DEPARTMENT OF TRANSPORTATION
CONSTITUENT CURB RAMP REQUEST
(Transition Plan Element)
Florida Department of Transportation
ADA / Accessibility Program

625-020-05
ROADWAY DESIGN
04/19

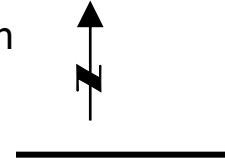


*Please provide a written description or sketch of the location(s)
where Curb Ramps would make your travel more safe and convenient.*



LOCATION: NE NW SE SW ALL Corner(s) of the intersection
(Please check appropriate locations)

between _____ and _____
(Please list intersecting streets above)



(Street Name)

(Street Name)

Please Provide Below:

Comments, Suggestions or other
information that may assist us in
providing a better service for you!

Please mark intersection
corners needing Curb
Ramps with an "X".

REPORTED BY: Name: _____
Address: _____
(City, State, Zip)

Day phone: _____
Date: _____

Please return to: Florida Department of Transportation
ADA/Accessibility Program
605 Suwannee Street, MS-32
Tallahassee, FL 32399-0450

For more information, Contact:
Randy E. (Brad) Bradley, II, P.E.
State ADA Coordinator
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