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



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)		
	(Please list intersecting streets above)	a A	
Please Provide Bel	ow:	(Street Name)(Street Name)	
Comments, Suggestion information that may providing a better se	ons or other assist us in	Please mark intersection corners needing Curb Ramps with an " <b>X</b> ".	
REPORTED BY: Name:		Day phone: Date:	
Please return to:	(City, State, Zip) Florida Department of Transportati ADA/Accessibility Program 605 Suwannee Street, MS-32 Tallahassee, FL 32399-0450		

625-020-05 ROADWAY DESIGN 04/19