



## ACCESSIBLE CURB RAMP REQUEST FORM

### Requestor's Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Curb Ramp Location(s)

Street Intersection: \_\_\_\_\_

Corner location for request (i.e. NW corner, SE corner, or All corners): \_\_\_\_\_

\_\_\_\_\_

### Request Details

**Please Circle One**

1. Are you a person with mobility and/or vision disabilities? Y or N  
If yes, explain \_\_\_\_\_

2. Are the pedestrian routes from the intersection serving State and local government offices and facilities (includes parks)? Y or N  
If yes, explain \_\_\_\_\_

3. Are the pedestrian routes serving important transportation corridors, including pathways leading to schools? Y or N  
If yes, explain \_\_\_\_\_

4. Are the pedestrian routes serving commercial/business zones and other Title III entities (private entities open to the public) eg. restaurants, hotels, theaters, retail stores, shopping centers, grocery stores, hospitals, medical offices and law offices? Y or N  
If yes, explain \_\_\_\_\_

5. Are the pedestrian routes serving facilities containing employees? Y or N  
If yes, explain \_\_\_\_\_

**SUBMIT TO ENGINEERING SERVICES DEPARTMENT**

450 Civic Center Plaza, P.O. Box 4046, Richmond, CA 94804-1630

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For Office Use Only:

Date & Time input on database: \_\_\_\_\_ By: \_\_\_\_\_