

## REQUEST FOR THE INSTALLATION OF ACCESSIBLE PEDESTRIAN SIGNALS FORM

Requesting Party's Name: \_\_\_\_\_

\_\_\_\_\_  
(Blind or visually impaired pedestrian)

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

I request that the Delaware Department of Transportation install Accessible Pedestrian Signals (APS) to cross the **NORTH** **SOUTH** **EAST** **WEST** (check all that apply) side of \_\_\_\_\_ (Route Number/Street Name) where it crosses \_\_\_\_\_ (Route Number/Street Name) in \_\_\_\_\_ (city, town, or county).

Please describe the difficulty you have in crossing: \_\_\_\_\_

**Please call DeIDOT at 1-302-760-2048 with questions, or to seek assistance in filling out the form and/or mail form to:**

**DeIDOT ADA Title II/Section 504 Coordinator**

**ATTN: Tom Nickel**

**P.O. Box 778**

**Dover, DE 19903**

**E-mail: DOT.ADASupport@state.de.us**

**For Office Use Only**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_