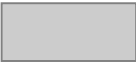


OFFICE OF ACCESSIBILITY & ADA



Curb Ramp Request/Identification Form

Date Received (Verbal or Written): _____
 Requester's Name: _____
 Address: _____ Zip Code: _____
 Telephone Number: (____) _____



"TRACKING NUMBER" (To be Assigned by Office of Accessibility & ADA Only)

The purpose of this form is to gather data to assist in the establishment of a priority list of locations in which to install curb ramps. Implementation of the request(s) hinge on project funding and feasibility. Requests will be considered on a "first-come first-serve" basis. There is no guarantee that location(s) listed will be provided a curb ramp.

Describe the location of the needed sidewalk curb ramp below:

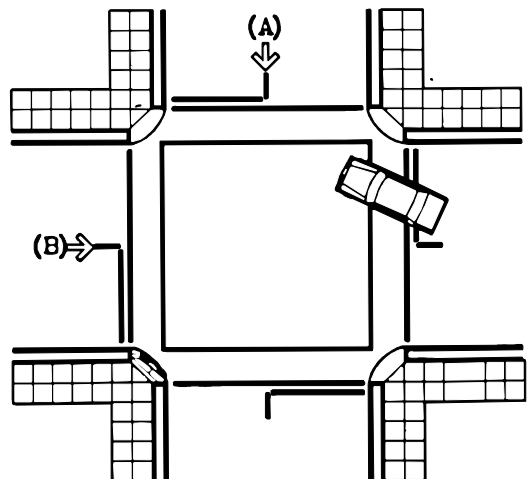
(A) Street Name/Address: _____

(B) Intersecting Street: _____

Additional Information: _____

How will this curb ramp(s) address your need for accessibility?: _____

Please feel free to use the drawing below to illustrate your suggestion, request, etc.



Return or Telephone:
 City of El Paso
 Office of Accessibility & ADA
 2 Civic Center Plaza
 EL Paso, TX 79901-1196
 Phone: (915) 541-4243