



**DEPARTMENT OF  
TRANSPORTATION**

# REQUEST FOR SPECIAL ACCOMMODATION

REMOVAL OF BARRIERS TO ACCESSIBILITY

## Americans with Disabilities Act (ADA)

Personal Information

NAME: _____		
ADDRESS: _____	CITY: _____	STATE: _____
ZIP: _____	PHONE: ( _____ ) _____ - _____	EMAIL: _____

Organization (if any)

NAME: _____		
ADDRESS: _____	CITY: _____	STATE: _____
ZIP: _____	PHONE: ( _____ ) _____ - _____	EMAIL: _____

Location of Physical Barrier (if applicable)

CITY: _____	HIGHWAY / INTERSTATE #: _____
STREET INTERSECTION: _____	
NEARBY LANDMARKS OR BUSINESSES: _____	

Concern

Recommendation

Please describe any barriers to accessibility: _____ _____ _____ _____ _____	Please recommend any accommodations: _____ _____ _____ _____ _____
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Mail to: Department of Transportation  
Division of Operations / Civil Rights  
700 East Broadway Avenue  
Pierre, SD 57501-2586

Email: [june.hansen@state.sd.us](mailto:june.hansen@state.sd.us)