

**REQUEST FOR SPECIAL ACCOMMODATION**  
**REMOVAL OF BARRIERS TO ACCESSIBILITY**

Personal Information

|                |                                |              |  |
|----------------|--------------------------------|--------------|--|
| NAME: _____    |                                |              |  |
| Last           | First                          | MI           |  |
| 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:<br>_____<br>_____<br>_____<br>_____<br>_____ | Please recommend any accommodations: _____<br>_____<br>_____<br>_____<br>_____ |
|---|--|

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