

# REQUEST FOR REASONABLE ACCOMMODATIONS

North Dakota Department of Transportation, Civil Rights

SFN 60135 (2-2016)

Date

## PART I

Name		Telephone Number	
Street/Mailing Address	City	State	ZIP Code
Preferred Method of Contact <input type="checkbox"/> Day Phone <input type="checkbox"/> Email <input type="checkbox"/> USPS	Email Address		
<b>Type of Event:</b> <input type="checkbox"/> Public Meeting/Public Hearing <input type="checkbox"/> Training <input type="checkbox"/> Other (specify) <input type="text"/>			
Date of Event	and/or	Date Needed	Location of Event

## PART II: LIMITED ENGLISH PROFICIENCY (LEP)

Yes     No    Do you need language assistance for LEP?

Language Assistance

Oral Interpretation (specify language)

Written Translation (specify language)

Name of Documents

## PART III: AMERICANS WITH DISABILITIES ACT (ADA)

Yes     No    Do you need an accommodation for a disability?

Types of Accommodation

Interpreter for deaf (specify ASL, tactile, etc.)

Assistive Listening device (specify)

Physical location accessible for persons with a physical mobility impairment.

Other (specify)

Nature of Disability (Medical documentation may be requested)

Physical Mobility Impairment (specify)

Speech Impairment (specify)

Visual impairment (specify)

Hearing Impairment (specify)

Other (specify)

Alternative Format (Indicate first, second, third choice if possible.)	Date Needed
<input type="checkbox"/> Braille	
<input type="checkbox"/> Large Print (font point size) <input type="text"/>	<input type="checkbox"/> Audio Recording -MP3 <input type="text"/>
<input type="checkbox"/> Other (specify) <input type="text"/>	<input type="checkbox"/> CD/Flash Drive <input type="text"/>

Name of Documents

### For Office Use Only

The accommodation request is:

Granted as requested     Granted with change - see additional information     Denied - see additional information

## **NDDOT INSTRUCTIONS**

### General:

1. Requests for Reasonable Accommodations can be made by completing this form. If you prefer to complete this form electronically, go to the North Dakota Department of Transportation website at <http://www.dot.nd.gov/forms/sfn60135.pdf>
2. You may submit the completed form as follows:  
Save the completed form to your computer, click on the email link and attach your completed form. Email to: [civilrights@nd.gov](mailto:civilrights@nd.gov)

Mail to: NORTH DAKOTA DEPARTMENT OF TRANSPORTATION  
CIVIL RIGHTS DIVISION  
608 EAST BOULEVARD AVENUE  
BISMARCK ND 58505-0700

3. If you need assistance to complete the Request for Reasonable Accommodations form, please contact Paula Messmer, Civil Rights Division, NDDOT at (701-328-2978) or [civilrights@nd.gov](mailto:civilrights@nd.gov) TTY users may use Relay North Dakota at 711 or 1-800-366-6888.
4. Appropriate provisions will be considered when the Department is notified at least 10 days prior to the meeting date or 15 days prior to the date the written comments or grant applications are due.
  - Requests should be made as soon as possible
  - Converting printed material may take several weeks.
5. The Civil Rights Division will contact you to discuss your request.

### **PART I**

Complete all information in this section.

### **PART II: Limited English Proficiency (LEP)**

Check all boxes that apply to the type of language assistance that you are requesting.

### **PART III: Americans with Disabilities Act (ADA)**

Check all boxes that apply to the accommodation(s) that you are requesting.