



REQUEST FOR REASONABLE ACCOMMODATIONS

North Dakota Department Of Transportation, Civil Rights
SFN 60135 (2-2016)

Date

PART 1

Name		Daytime 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	
Type of Event: <input type="checkbox"/> Public Meeting/Public Hearing <input type="checkbox"/> Training <input type="checkbox"/> Other (Specify) _____			
Date of Event	And/or	Date Needed	Location of Event

PART II: LIMITED ENGLISH PROFICIENCY (LEP)

<input type="checkbox"/> Yes <input type="checkbox"/> No Do you need language assistance for LEP?
Language Assistance
<input type="checkbox"/> Oral Interpretation (specify language) _____
<input type="checkbox"/> Written Translation (specify language) _____
Name of Documents

PART III: AMERICANS WITH DISABILITIES ACT (ADA)

<input type="checkbox"/> Yes <input type="checkbox"/> No Do you need an accommodation for a disability?
Types of Accommodation
<input type="checkbox"/> 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: _____

Braille

Large Print (font point size) _____ Audio Recording – MP3 _____

Other (specify) _____ CD/Flash Drive _____

Name of Documents

For Office Use Only

The accommodation request is:

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

INSTRUCTIONS

General:

1. Requests for Reasonable Accommodations can be made by completing this form.
2. You may submit the completed form by Email to: info@theforksmpo.org or

Mail to: GRAND FORKS/EAST GRAND FORKS MPO
600 DeMERS AVENUE
EAST GRAND FORKS, MN 56721

The GF-EGF MPO will contact you to discuss your request.

If you need assistance to complete the Request for Reasonable Accommodations form, please contact Stephanie Halford, Executive Director, GF-EGF MPO at (701) 746-2660 or by email at: stephanie.halford@theforksmpo.org. TTY users may use Relay North Dakota at 711 or 1-800-366-6888.

Appropriate provisions will be considered when the GF-EGF MPO is notified at least 10 days prior to the meeting date or 15 days prior to the date the written comments are due.

- Requests should be made as soon as possible
- Converting printed material may take several weeks to complete

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.