



**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	
<b>Type of Event:</b> <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.) _____
<input type="checkbox"/> 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. If you prefer to complete this form electronically, go to the Grand Forks/East Grand Forks Metropolitan Planning Organization's website at:

<https://theforksmpo.wordpress.com/title-vinon-discrimination-and-ada-program-forms-policies-reports-and-guidelines/>

2. You may submit the completed form by Email to: [info@theforksmpo.org](mailto:info@theforksmpo.org)

Mail to: GRAND FORKS/EAST GRAND FORKS MPO  
P.O. BOX 5200  
GRAND FORKS, ND 58206-5200

3. If you need assistance to complete the Request for Reasonable Accommodations form, please contact Earl Haugen, Executive Director, GF-EGF MPO at (701) 746-2660 or [earl.haugen@theforksmpo.org](mailto:earl.haugen@theforksmpo.org). TTY users may use Relay North Dakota at 711 or 1-800-366-6888.
4. 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 or grant applications are due. • Requests should be made as soon as possible • Converting printed material may take several weeks.
5. The GF-EGF MPO 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.