



EXTERNAL REQUEST FOR THE INSTALLATION OF ACCESSIBLE PEDESTRIAN SIGNAL (APS)

State Form 55545 (3-14)



Name

Please indicate if you are one of the following.
 Visually Impaired Pedestrian
 Local Public Agency : _____
 Group or Association: _____

Address (number and street, city, state, and ZIP code)

Telephone number () E-mail address

I/We request the installation of Accessible Pedestrian Signal at the following intersection(s).

MAJOR ROAD	MINOR ROAD	CITY OR TOWN	COUNTY

NOTE: Attach additional form sheets if request includes more than four (4) locations.

Please describe the difficulty experienced in crossing this/these intersections.

Signature Date signed (month, day, year)

Return completed form to:
Indiana Department of Transportation
Economic Opportunity Division
Attn: Title VI/ ADA Program Manager
100 N Senate Ave. Rm. N750
Indianapolis, IN 46204
Fax to: (317) 233-0891

Available in an alternate format upon request.

FOR OFFICE USE ONLY		
Received by	Date received (month, day, year)	Date forwarded for APS study (month, day, year)