



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.) _____

POSTED AT: Grand Forks City Hall at 255 North 4th Street, Grand Forks, ND 58203 or East Grand Forks City Hall at 600 DeMers Ave., East Grand Forks, MN 56721 – VITAL DOCUMENT – TRANSLATE IF SIGNIFICANT LEP POPULATION

☐ 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. 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, at (701) 746-2660 or stephanie.halford@theforksmpo.org. TTY users may use Relay North Dakota at 711 or 1-800-366-6888.

REQUESTS MUST BE MADE AS SOON AS POSSIBLE

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. 5.

Converting printed material may take several weeks.