



RHODE ISLAND DEPARTMENT OF TRANSPORTATION  
**ACCESSIBLE PEDESTRIAN SIGNAL  
REQUEST FORM**

**DIRECTIONS:** To ensure that the Department can respond appropriately to all requests, please complete all information requested unless otherwise noted. Please attach a MAP and/or PHOTO(S) of requested location if available. A separate Form should be completed and submitted for separate intersections. Please mail request to: Customer Service, Rhode Island Department of Transportation, Two Capitol Hill, Providence, RI 02903.

**PERSON or ENTITY MAKING REQUEST (Requestor)**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. (Home or Cell): (\_\_\_\_)-\_\_\_\_\_

E-Mail Address(if any): \_\_\_\_\_

Affiliation (if any): \_\_\_\_\_

**LOCATION WHERE APS IS REQUESTED**

Intersection: \_\_\_\_\_

Specific Crossing(s): \_\_\_\_\_

City/Town: \_\_\_\_\_

List Unique Characteristics of Intersection (if any): \_\_\_\_\_

\_\_\_\_\_

Reason for Request (**PLEASE** attach additional page(s) if needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Requestor MUST Sign and Date below**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



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**Optional:** Requests may be accompanied by a signature and comment from an appointed or elected official of the local City or Town or from the Governor's Commission on Disabilities to assist in the evaluation of the request.

**LOCAL OFFICIAL or DISABILITY COMMISSION MEMBER**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.(Home or Cell): ( \_\_ \_ ) \_\_\_\_\_

E-Mail Address(if any): \_\_\_\_\_

Affiliation (if any): \_\_\_\_\_

Comments (if any / attach additional Page(s) if needed):

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**Official May Sign and Date below:**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

***NOTE: THE DEPARTMENT RESERVES THE RIGHT TO ALLOW FOR A 30 DAY RESPONSE TIME FOR EACH REQUEST. ADDITIONAL TIME MAY BE REQUIRED DUE TO COMPLEXITY OF A REQUEST.***