



Rapid City Area Metropolitan Planning Organization

Limited English Proficiency

REQUEST FOR SPECIAL ACCOMMODATION

Personal Information

NAME: _____
ADDRESS: _____ Last CITY: _____ First STATE: _____ MI ZIP: _____
PHONE: (____) ____ - ____ EMAIL: _____

Organization (if any)

NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
PHONE: (____) ____ - ____ EMAIL: _____

Location of Physical Barrier

CITY: _____ HIGHWAY / INTERSTATE #: _____
STREET INTERSECTION: _____
NEARBY LANDMARKS OR BUSINESSES: _____

Concern

Recommendation

Please describe any physical barriers to accessibility: _____ _____ _____ _____	Please recommend any accommodations: _____ _____ _____ _____ _____
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