ACCESSIBLE PEDESTRIAN SIGNAL INSTALLATION REQUEST FORM FOR MASSDOT CONTROLLED INTERSECTIONS

Date of Request:

Name of Person/Entity Making Request:
Address of Person/Entity Making Request:
Phone Number of Person/Entity Making Request:
Email of Person/Entity Making Request:

Intersection where APS has been requested:

- Character of the area (residential, urban, or rural):
- Unique characteristics of the intersection, if any:

City/Town where the intersection is located:

Reason for request:

I certify that I, someone in my household, or someone in my direct care is a qualified person with a disability as defined by the Americans with Disabilities Act of 1990 (ADA) and that my request is based upon individual need.

Name and signature of person making the request Date

An appropriate official for the City/Town in which the intersection is located, must review the proposal and indicate its approval or objection to the requested installation of APS at this location. If the appropriate official objects to the APS installation, the grounds for objection must be included with this request form. As such, the signature of City/Town official is required.

Name and Signature of Approval of City/Town Official Date:

Please submit two copies of the signed forms: one copy to the MassDOT Highway Division State Traffic Engineer (Neil Boudreau, State Traffic Engineer, 10 Park Plaza, Room 7210, Boston, MA 02116) and one copy to the relevant District Traffic Engineer. For listing and addresses of District offices, refer to the MassDOT website.

Updated June 1, 2012