

**Curb Ramp Request Form**  
**City of Atmore**  
**Attachment B**



This form is to be filled out by or on behalf of a person with disability requiring installation/modification/repair of curb ramps or modification of the existing accessible path leading to curb ramps within the public right-of-way. Provide as much of the information requested as possible. Assistance with this form may be obtained by calling (251) 368-2252. Provide a written description or sketch of the location where curb ramps are needed for access to City of Atmore offices and facilities, places of public accommodation and employers. Within 2 weeks of receiving a curb ramp request, a representative of the City of Atmore will contact the person listed below. A meeting will be scheduled with the contact person, and the person needing the ramp if different from the contact, at the location where the ramp is requested or alternative site if the location is inaccessible.

Date: \_\_\_\_\_  
 Name of Person Requesting Curb Modifications. \_\_\_\_\_  
 Contact Person (id different from above): \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Location of your request:  
 Street: \_\_\_\_\_  
 Adjacent Property Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Address/Tax Map Key _____ _____	Address/Tax Map Key _____ _____
Street Name _____ _____ Address/Tax Map Key _____	Address/Tax Map Key _____ _____ Address/Tax Map Key _____

Please mark location of curb ramp(s) with an "X"

Street Name

Describe the curb ramp installation or modification you are requesting: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Provide a brief statement concerning why this ramp is needed. (Attach additional sheets if necessary).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Return to: City of Atmore 201 E. Louisville Avenue Atmore, Al 36502 (251) 368-2253	Date Received: _____ Request Number: _____ Date Reviewed: _____ Reviewed by: _____ _____ Approved for construction _____ Rejected (Attach explanation)
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