

**REQUEST FOR THE INSTALLATION OF ACCESSIBLE PARKING SIGNAGE FORM**

Requesting Party's Name:

\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

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

Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

DE Accessible Parking Tag Number: \_\_\_\_\_

I request that the Delaware Department of Transportation install Accessible Parking Signage located at  
\_\_\_\_\_ (Route Number/Street Name)

in \_\_\_\_\_ (city, town, or county).

Please describe the difficulty you have as it pertains to parking:

**Please call DeIDOT at 1-302-760-2048 with questions, or to seek assistance in filling out the form and/or mail form to:**

**DeIDOT ADA Title II/Section 504 Coordinator**

**ATTN: Tom Nickel**

**P.O. Box 778**

**Dover, DE 19903**

**E-mail: DOT.ADASupport@delaware.gov**

Note: DeIDOT does not implement pavement markings for accessible parking locations.

**For Office Use Only**

Received by:

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