

**APPENDIX A**

**TRANSIT SERVICES DIVISION OF THE CITY OF COLORADO SPRINGS**

**APPLICATION FORM – INDIVIDUAL REQUESTS FOR REMOVAL OF PEDESTRIAN BARRIERS**

1. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_
2. For the purpose of this form, Barriers are defined as anything in the city right-of-way that blocks or impedes passage of pedestrians or persons with disabilities. Please check the appropriate barrier or describe in Other:
  - a. **Pedestrian Ramps** \_\_\_\_\_ **Overgrown trees or shrubs** \_\_\_\_\_ **Missing/Damaged Sidewalk** \_\_\_\_\_
  - b. **Cross Walk** \_\_\_\_\_ **Audio/visual Warning System** \_\_\_\_\_ **Other** \_\_\_\_\_
3. Priority will be given to projects/routes that convert transit trips from paratransit service to fixed route service, and projects that involve facilities that have a high usage by the disabled community. Removal of barriers is dependent on prioritization and the availability of funding and resources.

**Please describe the barrier in detail including location by address:**

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**If more than one physically disabled person will use the same route, please list the approximate number of times per week the route will be used:** \_\_\_\_\_

**Please list applicants and any other known person with disabilities who will use this pedestrian route:**

Name	Address	Phone Number	Signature

**Location Sketch** - Provide a general sketch with required information listed below on the sketch form on the reverse side of this document; include items 1-5 listed below:

1. Sketch street system and label all streets.
2. Generally locate and label origin (such as address of residence) and destination (such as employment address or bus stop of trip).
3. Mark each requested barrier location with an X
4. Show route travel by use of arrows

**Please mail or present your form to:** Mountain Metropolitan Transit  
 1015 Transit Drive  
 Colorado Springs, CO 80903

Please Place Sketch Here

**Please add any notes or descriptions below:**

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