



OPDMD Notification / Policy Modification Request Form

All questions must be filled out completely. Please read the instructions carefully and SIGN and DATE this notification and policy modification request.

For the following questions, please type or print your answers legibly.

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (Zip Code)

Phone: _____ Cell Phone: _____

Email: _____

1. Credible Assurance of a Mobility Disability: In order to be an operator or passenger of an Other Power Driven Mobility Device (OPDMD) you must be an individual with a mobility disability. Please check which of the below proofs of disability applies to you.

*Do not send medical records or detailed information.

- I have a valid state issued disability license plate, placard or card or other state issued proof of disability.
- I do not have formal proof of a mobility disability. I do affirm that I have a mobility disability and I need an OPDMD to use and enjoy a city facility.

2. Please explain where you intend to operate your device. If an indoor facility you need to identify the exact facility by name and the date(s) in which you intend to use the OPDMD and receive prior approval.

3. A. What OPDMD do you use when you travel? Please note a **manual or motorized/electric wheelchair is not an OPDMD** and it may be used anywhere without prior notification. Also, gas powered devices are normally not allowed – see OPDMD Guidance for more information. (Check all that apply)

Please return this in one of the following ways:

Mail: City Administration Building, Office of Accessibility, PO Box 1575, Mail Code 325, Colorado Springs, Colorado 80901-1575

Email: ADACompliance@coloradosprings.gov

June 2020



OPDMD Notification / Policy Modification Request Form

- Segway
- E-Bike Type 1
- E-Bike Type 2
- Scooter (non-wheel chair)
- Motorized Skateboard
- Golf Cart
- Other:

B. Please provide us with the approximate dimensions and the make and model of your Other Power Driven Motorized Device (OPDMD):

Weight: _____ Pounds
 Length: _____ Inches
 Width: _____ Inches
 Top Speed: _____ Miles Per Hour
 Make/Model(s): _____

4) The City encourages the use of a sticker to denote the OPDMD you are using is an approved device. The sticker should be displayed prominently on your OPDMD. This will enable City personnel to more easily identify your OPDMD. Stickers may be obtained from the Park, Recreation and Cultural Services Office at 1401 Recreation Way. Phone number is 719-385-5940.

In signing this notification & request, the following is agreed to:

- 1) If at any time the disability as described ceases to exist, the eligibility for the policy modification automatically ends and the OPDMD will no longer be able to be used.
- 2) Falsification of information in this notification could result in a denial of request.
- 3) We reserve the right to request additional information and/or view the OPDMD in person at a pre-arranged time.
- 4) All information provided in this notification will be kept confidential. Only information required to provide services will be disclosed to those who perform those services.
- 5) An individual who is found ineligible for using an OPDMD or whose request to use a particular OPDMD is denied may appeal the decision within 15 days of a written determination, and they will be advised of the appeals procedures.

A. Signature

I certify the information given in this notification and request is true and correct. I authorize the City of Colorado Springs to contact me by phone, email or letter to acknowledge this notification and policy modification request or to request additional information.

Signature: _____ Date: _____

Please return this in one of the following ways:

Mail: City Administration Building, Office of Accessibility, PO Box 1575, Mail Code 325, Colorado Springs, Colorado 80901-1575

Email: ADACompliance@coloradosprings.gov

June 2020