



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
 Nellie M. Gorbea, *Secretary of State*

Rules and Regulations Filing Form

1. Agency Name and Address

Department of Transportation
 2 Capitol Hill Providence

2. Title of Rule

RULES AND REGULATIONS REGARDING THE ACCESSIBILITY OF SIDEWALKS FOR PEOPLE WHO ARE DISABLED

3. Statutory Source of Authority

RIGL 42-13-1

4. Concise Explanatory Statement - §42-35-2.6

TO ESTABLISH STANDARDS FOR THE CONSTRUCTION AND MAINTENANCE OF SIDEWALKS AND CURBS WHICH WILL MAKE SIDEWALKS ABUTTING PUBLIC HIGHWAYS MORE EASILY ACCESSIBLE TO PEOPLE WHO ARE DISABLED.

5. Type of Filing

Emergency Rules	
<p>A1. Emergency 120-day initial - §42-35-2.10</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment of ERLID:</p> <p><input type="checkbox"/> Repeal of ERLID:</p>	<p>A2. Emergency 60-day renewal - §42-35-2.10</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment</p> <p><input type="checkbox"/> Repeal</p> <p>Indicate ERLID of 120-day initial:</p>
<p>Brief Statement of Reason for Finding Imminent Peril §42-35-2.10:</p>	

Final Rules		
<p><input checked="" type="checkbox"/> B1. Amendment - §42-35-3(a)</p> <p><input type="checkbox"/> C. Technical Revision</p>	<p><input type="checkbox"/> B2. Adoption - §42-35-3(a)</p> <p><input type="checkbox"/> D. Direct Final Rule - §42-35-2.11</p>	<p><input type="checkbox"/> B3. Repeal - §42-35-3(a)</p>
<p>Supersedes ERLID:</p> <p>If B1 or C, please indicate new, amended, deleted, or revised sections: SECTIONS 1 THROUGH 6 (Originally filed 01/02/2002)</p>		

6. Notice and Hearing Information

Date of Public Notice - §42-35-2.8:03/19/2004
 Date of Public Hearing - §42-35-2.8:Hearing Not Required
 End of Comment Period - §42-35-2.8 :

7. Agency Additional Information - Web Page

8. Certification

I hereby certify that the attached rules and regulations were adopted in accordance with the Administrative Procedures Act (42-35) and that they are true copies of this Department, attest,

 Name

 Title

 Notary Public

Subscribed and sworn before me
 this _____ day of _____, _____