

APPENDIX C
Department of Public Works
REQUEST for ACCOMMODATION / SIDEWALK RAMP
REPAIR FORM

Reporting Individual

Name _____
(Printed)

Address _____

City, State, Zip Code _____

Telephone Number(s) _____

E-Mail Address _____

Sidewalk Requiring Accommodation

Street _____

Cross Street _____

Street Address _____

Date of Incident or Discovery _____

Describe the reason for requiring the requested accommodation or sidewalk repair. (please feel free to use additional attachments as necessary)

Signature of Reporting Individual _____ Date _____

Please mail to: Engineering Division, City of Punta Gorda Public Works Department
Attn: Mark Gering, City Engineer
326 W. Marion Ave., Punta Gorda, FL 33950

Office Use Only

Date Received _____ Received by _____

Action Taken:

Date: