CITY OF WASHINGTON, ILLINOIS
REQUEST FOR ACCOMODATION
SIDEWALK RAMP REPAIR

Reporting Individual Information:

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Accommodation Location Description

Road Name: _____   Cross Road: _____

Please Describe the Requested Accommodation
Please include corner (i.e. NW, NE, etc.)

_____

_____

_____

Please Mail To: OR   Email To:
City of Washington   dcarr@ci.washington.il.us
Attn: City Engineer
301 Walnut
Washington, IL 61571

Office Use Only – Do Not Use

Received By: _____   Date Received: _____

Action Taken: _____

c: Street Department