



KIMBERLEY DRISCOLL
MAYOR

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REQUEST FOR SIDEWALK REPAIR BY PUBLIC WORKS DEPARTMENT

DATE OF REQUEST: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

PROJECT LOCATION (IF DIFFERENT THAN ABOVE ADDRESS): _____

EXISTING SIDEWALK TYPE (check one):

CONCRETE (white color) _____ BITUMINUS (black color) _____ BRICK _____

CURB TYPE (check one):

GRANITE (gray color) _____ BITUMINUS (black color) _____ NONE _____

TREE ROOT PROBLEM (check one): Yes, _____ No, _____

DESCRIPTION OF SIDEWALK PROBLEM: _____

FOR DEPARTMENT USE ONLY

Date Inspected: _____ Inspector: _____

Length of Sidewalk: _____ Width of Sidewalk: _____

Confirm Information above: (Type of Sidewalk, Curb Type, Tree Root Issues, Driveway Approach):

Public Safety Issue (check one) Moderate _____ High _____ Extreme _____

4/5/2006