



CITY OF KILLEEN

REQUEST FOR ADA SIDEWALK/CURB RAMP INSPECTION FORM

Date: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Location of Sidewalk/Curb Ramp:

Street Name: _____

Intersecting Street (If Applicable): _____

Other (Address, Landmark, Direction of Travel, Side of Street, etc.): _____

Please Check Applicable ADA Compliance Sidewalk Issues:

- Obstruction: _____
- Too Narrow (*less than 48 inches wide*)
- Cross Slope (*greater than 2%*)
- Tripping Hazard: _____
- Other: _____

Please Check Applicable ADA Compliance Curb Ramp Issues:

- Missing Curb Ramp
- Too Steep
- Missing or Inadequate Landing Area
- Other: _____

*Please complete and return the form via mail, fax, or email to: **CITY OF KILLEEN - Public Works Dept**
P.O. Box 1329, Killeen, TX 76540 Fax: (254) 616-3182 Email: PublicWorks@KilleenTexas.gov*

FOR OFFICE USE ONLY

Date Received: _____ Date Completed: _____
Staff Member: _____ Work Order Number: _____