



CITIZEN WHEELCHAIR RAMP REQUEST



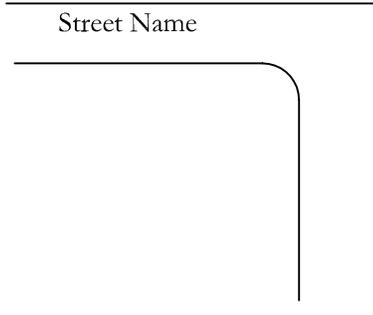
City of Bellevue

Transportation Department

Please provide a written description or a sketch of the location(s) where wheelchair ramps are missing or are deficient.

LOCATION: NE NW SE SW ALL corner(s) of the
(please circle appropriate locations)
intersection between _____
(please list intersecting streets above)

Please mark intersection corners where wheelchair ramps are missing or are deficient with an 'X'.



PLEASE PROVIDE BELOW
Comments, suggestions or other information that may assist us in providing better service to you.

REPORTED BY: Name _____ Day Phone _____
Address _____ Zip _____ Date _____

Please return to: City of Bellevue, Transportation Department
450 - 110th Ave. NE
P.O. Box 90012
Bellevue, WA 98009-9012

For more information,
Contact Mike Rodni at
425-452-4586