



REQUEST FOR SIDEWALK / DRIVEWAY APPROACH REPAIR

RETURN ORIGINAL, SIGNED FORM TO THE DEPARTMENT OF PUBLIC WORKS AT THE ADDRESS LISTED ABOVE.

IN ORDER TO BE INCLUDED IN THIS YEAR'S PROGRAM, THIS FORM MUST BE RETURNED BY **SEPTEMBER 14TH**.

Today's Date

I, _____, as the legal property owner of
Print name

Property address

request the City of Oshkosh perform repairs to my existing sidewalk/driveway approach as listed below as part of the City's Sidewalk Rehabilitation Program. I understand I will be billed for all work performed and that **there may be additional items billed as required to complete the work.**

Requested:

Removal and replacement of _____ square feet of 4" thick sidewalk
of square feet

Removal and replacement of _____ square feet of 6" thick sidewalk/driveway approach
of square feet

Removal and replacement of _____ square feet of asphalt driveway approach
of square feet

Authorized:

Signature

Mailing Address (if different than listed above):

House number & street name

City, State Zip Code

Contact Information:

Telephone No.: _____

E-Mail Address: _____