



City of Killeen

Request Form for ADA Ramp/Sidewalk Inspection

Date _____

Your Name: _____

Address: _____

Daytime Phone: _____ Email Address: _____

Location of requested curb ramp/sidewalk:

Street name: _____

Intersecting street (If applicable): _____

Other useful information to describe location, i.e. address, landmarks, etc.

Please check applicable ADA compliance curb ramp issues:

- Missing curb ramp
- Ramp too steep
- Missing or inadequate landing area
- Other (describe problem): _____

Please check applicable ADA compliance sidewalk issues:

- Obstruction in sidewalk
- Sidewalk too narrow
- Sidewalk cross slope more than 2%
- Tripping hazard
- Other (describe problem): _____

Please fill out the form and either mail, fax or email it to: City of Killeen - Public Works Department P.O. Box 1329, Killeen, TX 76540 P: (254) 616-3181 F: (254) 616-3182 Email: PublicWorks@KilleenTexas.gov

FOR OFFICE USE ONLY

Date Received: _____

Date Completed: _____

Staff Member: _____

Work Order Number: _____