Request for Repair of Sidewalk or Other Access Improvement to Public Right of Way

Date: _____

Name: _____

Address: _____

_____

Telephone: _____ Cell: _____

Email Address: _____

Street address of the problem location (please be as specific as possible):

Please put an "x" in all boxes that identify the problem:

☐ sidewalk broken

☐ sidewalk unusable due to

- ☐ debris ☐ tree roots ☐ shrubbery or other plant growth
- ☐ gravel ☐ trash ☐ rocks
- ☐ other: _____ (please describe)

☐ sidewalk impassable due to overhanging branches

☐ curb ramp problem due to

☐ too steep ☐ broken yellow mat ☐ yellow mat missing

☐ other (please describe below)

Date of this problem: _____

Please describe the impact of this problem on you:

This information will be forwarded to the Department of Public Works for investigation and resolution. You will be contacted for more information, if necessary, or to advise you of the resolution of this problem.

Please submit form via e-mail to dpweng@hawaiicounty.gov

Mahalo for bringing this problem to our attention!