

Pedestrian Accessibility Improvement Request

Contact Information	า		
			Preferred Contact Method:
			- • Mail
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			O Phone
			- Thore
Phone:			
Barrier/Obstacle Inf	formation		
Address:	City:	Zip:	Diagram
OR			Please indicate on the
	City:	Zip:	diagram the general area of the barrier/obstacle.
	City:		of the surren obstacle.
C1033 3t1eet	City	Zip	Cross Street
Facility Type	Category		
O Curb ramp	Missing facility		
Crosswalk	Steep slope		0000
 Driveway approach 	Insufficient dimensions		
Sidewalk	Insufficient markings	Street	O Street
Signal	Tripping hazards		
Bus stop	Sidewalk gaps/cracks		
Work zone	Other	O	000
Railroad crossing			
Other			
			Cross
			O Street O

Description (include as much detail as possible regarding the barrier/obstacle):

Print a copy of this request for your files and e-mail it to clerk@cityoforting.org, or mail it to: City of Orting, City Clerk, 104 Bridge St S. PO Box 489 Orting, WA 98390. You will be notified within 5 business days that your request was received, and learn the outcome of the request within 15 business days. Questions? Please call 360-893-9008.