

ACHD SAFE SIDEWALK PROGRAM

INSPECTION REQUEST FORM

DATE: _____

NAME: _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

EMAIL ADDRESS: _____

HOME ADDRESS: _____

EXACT LOCATION OF SITUATION AND/OR PROBLEM AREA: _____

PLEASE GIVE A DESCRIPTION OF THE SITUATION AND / OR THE
PROBLEM: _____

IF POSSIBLE, PLEASE INCLUDE PICTURES OF THE SITUATION AND / OR
THE PROBLEM AREA.

- Please submit this form to sidewalks@achdidaho.org or ACHD, 3775 Adams St., Garden City, ID 83714.
- ACHD will respond to you shortly in regard to your inspection request. Thank you for taking the time to fill out the form properly.

