CITY OF WINSTON-SALEM
NEW SIDEWALK REQUEST FORM

Street where new sidewalk is requested: _______________________________________

Requested limits (sidewalk to/from): _______________________________________

Reason for request (you may want to include level of pedestrian traffic, safety, proximity to schools, shopping, parks, etc.):

Optional:

Your Name: ___________________________________________

Your Address: ___________________________________________

Phone Number: _________________________________________

Email Address: _________________________________________

If returned by mail, please send this form to:

City of Winston-Salem
Department of Transportation
PO Box 2511
Winston-Salem, North Carolina 27102

If returned by fax: (336) 748-3370

If returned by e-mail: mattbk@cityofws.org