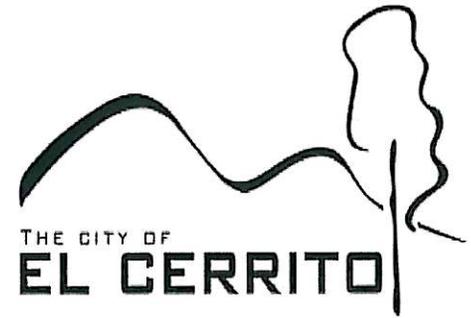




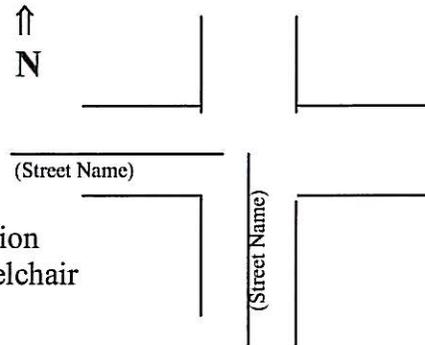
# CITIZEN WHEELCHAIR RAMP REQUEST

## City of El Cerrito Wheelchair Ramp Program



Please provide a written description or sketch of the location(s) where wheelchair ramps would make your travel more safe and convenient.

LOCATION: NE NW SE SW ALL corner(s) of the  
(Please circle appropriate locations)  
Intersection between \_\_\_\_\_  
(Please list intersecting streets above)



**PLEASE PROVIDE BELOW:**  
Comments, suggestions or other information that may assist us in providing better service to you!

Please mark intersection corners needing wheelchair ramps with an "X".

**REPORTED BY:** Name \_\_\_\_\_ Day Phone \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_ Date \_\_\_\_\_

**Please return to:** City of El Cerrito  
Public Works Department  
10890 San Pablo Avenue  
El Cerrito, CA 94530

For more information, contact Engineering Manager  
yortiz@ci.el-cerrito.ca.us  
Phone: (510) 215-4382  
FAX: (510) 233-5401

Visit us at [www.el-cerrito.org](http://www.el-cerrito.org)