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 _______________________________ Zip _______________________
Address ________________________________ Day Phone _______________________
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