



**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: stanp@cityofws.org