



# CURB RAMP REQUEST FORM

County of Hawai'i  
Department of Public Works

This form is to be filled out by or on behalf of a person with a disability who requires the installation of new curb ramps or modifications to existing curb ramps and/or the modification of existing accessible path(s) leading to the curb ramps within the County road right-of-way.

Fill out this form as completely as possible or call 961-8327 (voice) for assistance. Provide a written description and/or indicate on the sketch shown below describing the location(s) where curb ramps and/or modifications are needed.

Within two (2) weeks of receiving this request, a representative from the Department of Public Works, Engineering Division will be contacting the requestor to validate the request and/or confirm the information that has been provided and/or to schedule an onsite meeting with the requestor to valid/confirm the request. The requestor will then be notified whether his request has been accepted or rejected for construction.

Date: \_\_\_\_\_

Name of Person Requesting Curb Ramp(s)/Modification(s):  
\_\_\_\_\_

Contact Person (if different from above):  
\_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

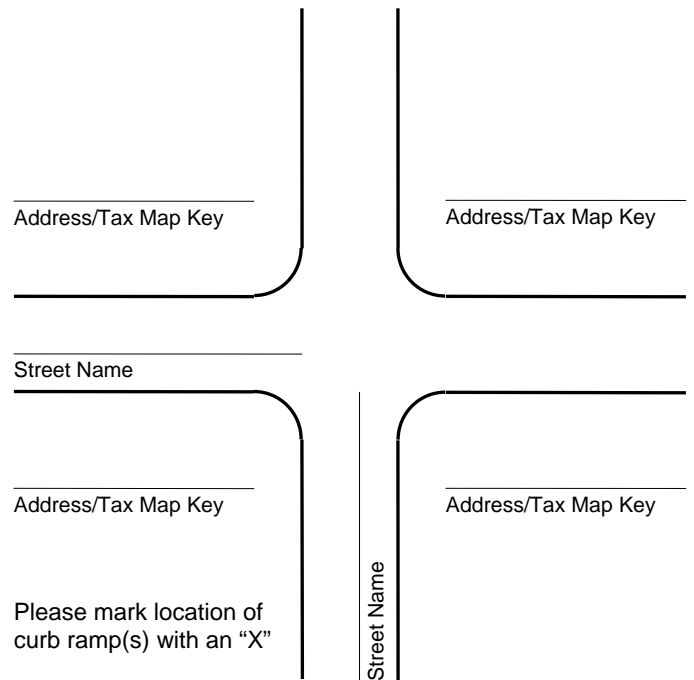
City: \_\_\_\_\_ Zip: \_\_\_\_\_

Location of your request and/or use sketch to the right.

Street Names: \_\_\_\_\_

Tax Map Key: \_\_\_\_\_

Address(es): \_\_\_\_\_



Describe the curb ramp work you are requesting.

\_\_\_\_\_

\_\_\_\_\_

Provide a brief statement of why you are making this request. This information may be used to prioritize requests.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Return to: Engineering Division  
Department of Public Works  
101 Aupuni St., Ste. 101  
Hilo, Hi 96720

or Fax to: (808)961-8933

Date Received: \_\_\_\_\_

ACCEPTED

REJECTED BY: \_\_\_\_\_

REQUEST NO.: \_\_\_\_\_