



Sidewalk Complaint Form

Optional Information:

Name: _____ Phone: _____

Email: _____

Required Information:

Sidewalk Location: _____

Nearest address or location description: _____

Property Type: Residential Commercial Other: *(please explain)* _____

Sidewalk concern or issue:

I have a disability and this defect creates a barrier to my mobility. Cracked or broken pieces

Uneven with adjoining sidewalk segments Poor condition

Injury occurred *(please explain)* _____

Other: *(please explain)* _____

Any additional information: _____

Date Form filled out: _____

Please send form to the Mayor's Office at

124 West Church Street, PO Box 151, Newcomerstown, OH 43832

Office Use Only

Employee receiving complaint: _____ Date: _____

Date submitted to committee for review: _____

Action taken: _____

Date: _____