



City of Helena

Public Works Department

316 N Park Ave
Helena, MT 59623
Phone: 406-447-8458
FAX: 406-447-8442

Sidewalk Trip Hazard Complaint Form

City of Helena

Name of individual making complaint:

| | | | |
|----------------|--|--|--|
| Name: _____ | | Current Date: / / | |
| Address: _____ | | Email: _____ | |
| Phone: _____ | | Are you: <input type="checkbox"/> Owner of Property <input type="checkbox"/> Citizen | |

Address of Complaint: _____

Reason for Reporting: _____

| | | |
|------------------------|------------------------------------|-------------------------------|
| OFFICE USE ONLY | Date Request Received: / / | Received By: _____ |
| | Request Assigned to: _____ | Date Letter Sent: / / |

Date of Inspection: / / Inspected By: _____

Pictures Taken Type of SW: Curbside BLVD Sketch the location of hazards using the diagrams below.

1 Sidewalk (Standard)

MEASUREMENTS Faces St. N S E W ↓

| | | |
|-------------------|-------|------|
| Total Length: | _____ | ft |
| Total Width: | _____ | ft |
| Area of Section: | _____ | ft |
| Total to Replace: | _____ | sqft |

2 or More Sidewalks (Corner, ADA Ramp)

Faces St. N S E W ↓

Is there tree issues? Yes No
Are tree issues on blvd? Yes No

ADA Ramp/Corner Good, No replacement
 Needs ADA Ramp/replacement (See other side)

ADA Ramp/Corner

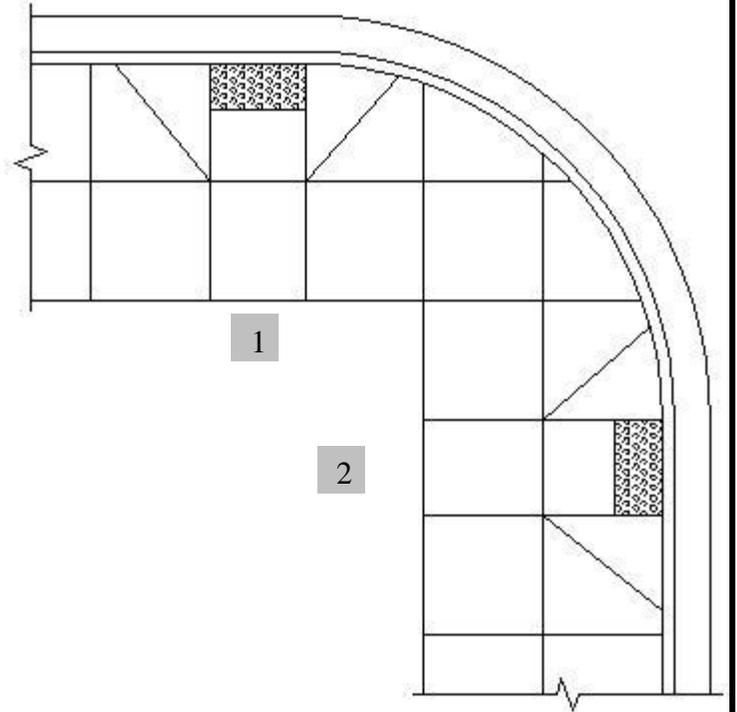
| | | | | |
|---------------------------------------|------------------------------------|-----------------------------------|---------------------------------|--|
| Type of Ramp: (Check all that apply) | <input type="checkbox"/> Boulevard | <input type="checkbox"/> Curbside | <input type="checkbox"/> Single | <input type="checkbox"/> Double |
| | <input type="checkbox"/> Other: | | | |
| Compliant with current ADA Standards? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Truncated Domes Present: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Use the diagram below to show locations of hazards and noncompliance to standards in ramp.

MEASUREMENTS

Ramp 1 Ramp 2

| Landing | | |
|---------------------|---|---|
| Landing Dimensions: | X | X |
| Cross Slope: | % | % |
| In Line Slope: | % | % |
| Ramp | | |
| Width of Ramp: | X | X |
| Cross Slope: | % | % |
| Slope of Ramp: | % | % |
| Flares: | % | % |



Curb/Gutter

| | | |
|---------------------------|--|---|
| Condition of Curb/Gutter: | <input type="checkbox"/> Excellent, No Replacement | <input type="checkbox"/> Minor Damage, No Replacement |
| | <input type="checkbox"/> Minor Damage, Partial Replacement | <input type="checkbox"/> Major Damage, Full Replacement |
| Length of Curb/Gutter: | Type: <input type="checkbox"/> Standard <input type="checkbox"/> Square <input type="checkbox"/> Mix | |

Drive Approach

| | | | |
|------------------------|-----------------------|---|--|
| # of Approaches: _____ | Condition: | <input type="checkbox"/> Excellent, No Replacement | <input type="checkbox"/> Minor, No Replacement |
| | | <input type="checkbox"/> Minor, Partial Replacement | <input type="checkbox"/> Major, Full Replacement |
| Length of DA: _____ ft | Width of DA: _____ ft | Total: _____ sqft | |

Plan for Corrections

| | |
|------------------------------------|--|
| Who will do repairs? | <input type="checkbox"/> Self <input type="checkbox"/> Sidewalk Program (VSWP) <input type="checkbox"/> Contractor Name: _____ |
| If in VSWP, was a contract signed? | <input type="checkbox"/> Yes Date: _____ <input type="checkbox"/> No If no, send to commission to order in repair. |

| Violation Location | Owner | Other Address |
|--------------------|-------|---------------|
| | | |
| | | |