



City of Helena

Sidewalk Snow/Ice Complaint Form

316 North Park Avenue Rm 405
Helena, MT 59623
Phone: 406-447-8458
FAX: 406-447-8442
gdige@helenamt.gov

Name of individual making complaint:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

Location of Complaint:

Reason for Complaint: Icy Sidewalk Snowy Sidewalk Both on Sidewalk

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

Date Received:

Assigned to: Greta Other: _____ Inspect Date: / /

Inspected By: Greta Other: _____

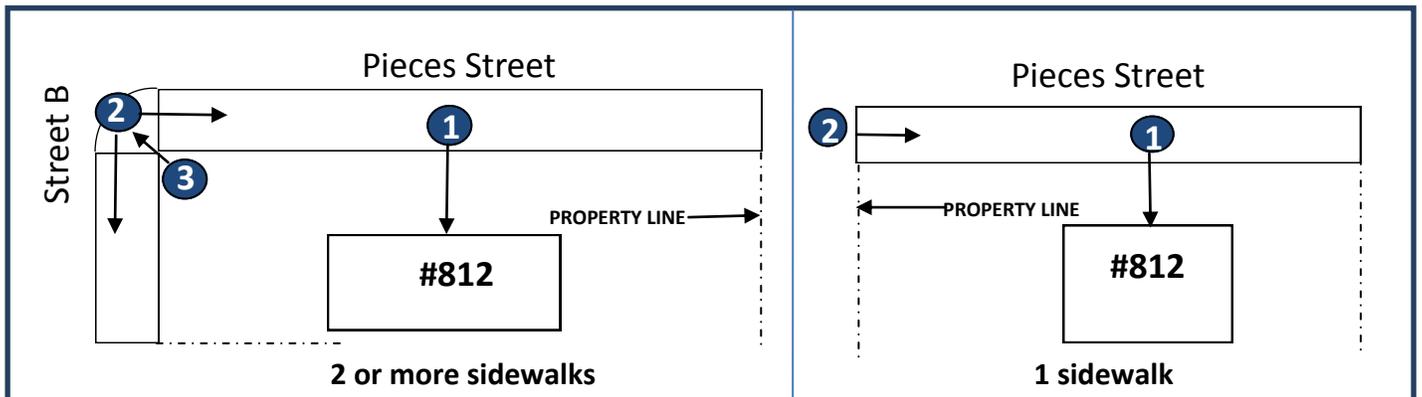
Conditions: Snow Ice Both Clear Violation: Yes No

Sidewalk Size: 1. X = 2. X = Total sqft:

Zoned: B2 B3 Other Clearance Time: 9 AM 12PM 4 hrs 24hrs

Pictures: Yes No

Follow diagram below on how to take photos.



Send to: Park. Maint. Contractor Name: _____

Date: / /

Ownership Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Info: _____

Request Appeal : Yes No **Bill Sent:** / /

Case #: _____ Date Applied for Appeal: / / Amount Billed: \$ _____

Notes: