



**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: [mattbk@cityofws.org](mailto:mattbk@cityofws.org)